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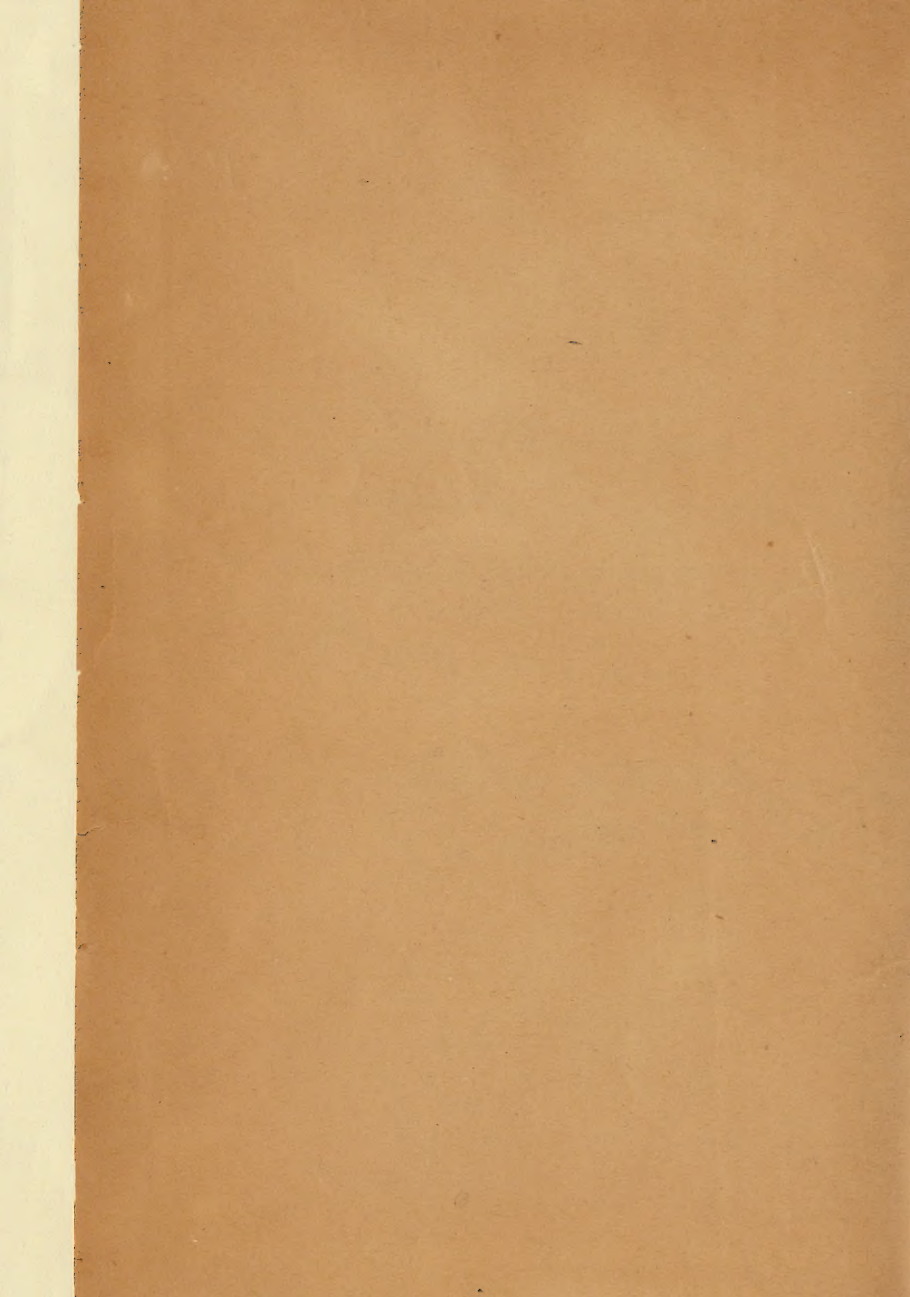
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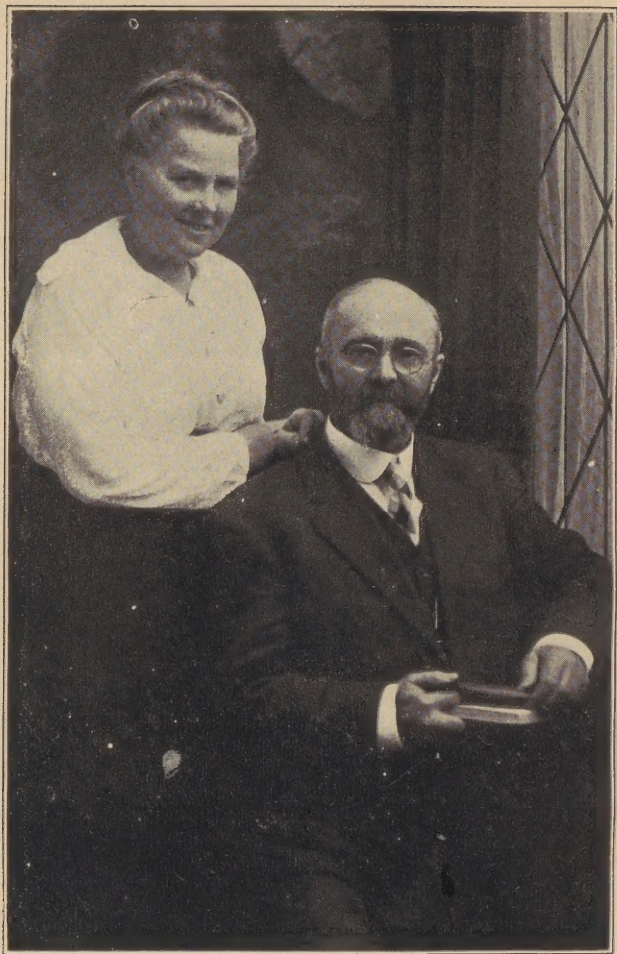
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YOURS FOR CHRIST AND HEALING,
DR. & MRS. LEVI B. SALMANS.

Christian Healing
or
Medico-Evangelism

By Leví B. Salmans, B. D., M. D.



1919

GUANAJUATO, MEXICO

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TO MY BELOVED WIFE

Who encouraged me to acquire a medical education to be devoted to Christ and his service and who has cheered and comforted me in the midst of all the years of stressful labors so often marked by extreme weariness, or sore trials,

This volume is
Affectionately
Dedicated.

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Introduction.

IN the preparation of this volume I have been guided by the desire to make the strongest possible contribution to the better comprehension of the Medical Work that Christ instituted and placed in the hands of his followers as a mighty weapon for the pulling down of the strongholds of sin, and the opening of doors into the saddest of hearts for the entrance of His light and heaven-born consolations. I must confess at the very start that I have long been afflicted by the fact that so few understand this work, and that indifference, conservatism, prejudice and "zeal not according to knowledge" have long been painfully delaying the proper development

of this the most powerful agency which Christ has placed in the hands of his evangelists for reaching stony hearts lost in the midst of the darkness of ignorance and the resistance of sinful tendencies. Even our brilliant editors and the enlightened professors in our institutions of highest learning, as our Universities and Theological Seminaries, and our ministers who not only guide the flock of God in their conceptions of Christ and his work, but also largely dominate the leading enterprises of the Church, including our missionary operations, seem to be but barely awakening to an incipient interest in trying to understand this work of healing which Christ has placed in our hands. This is but natural, for our readers will see by the history which we are about to relate that this part of the work which Christ delivered into the hands of his first evangelists has been allowed to sleep and be almost forgotten for many centuries, and only in the present wonderful awakening of modern missionary movements is it that this mighty "sword of Goliath" is being unsheathed once again. The two thousand doctors who have turned missionaries during the last hundred years, and have been consecrating to Christ and his evangelism, not only their lives, but their science and their art, their supposed-to-

the secular profession, have been so busy with the handling of their nets and seines and the immense hauls of sinners which they are pulling out of the oceans of heathenism up on the shores of the dry land of mission schools and pastoral operations where they can better see the Saviour's benign face, that they have not had time nor strength left to write extensively for publication, nor much less to travel all over the homelands, discoursing every where, that all might become as familiar with their work as they are with the work of the schools and the pastorates. That they are so very busy is explained by the fact that greater numbers of the unevangelized seek the doctors than seek the preachers and the teachers, and also by the fact that the doctors have to devote more labor to the personal service of these afflicted people than either of the other classes of laborers have to devote to those who come within their reach, and by the still further fact that they have to seek and find more of the money they require for their work than the other laborers, making their task simply overwhelming. Successful medical missionaries are about the busiest people on earth. Then there is still another fact that explains why medical missionary work is so little understood in the home lands.

which is that the doctors as a class are not educated in such a way as to incline them to writing and speaking to the extent that is the case with preachers and teachers. And there remains still the greatest reason of all to be mentioned, and that is that in the homelands all are graduates of the schools and the Churches. We know all about them, their every detail, all their ins and outs, for we ourselves are all made in those workshops. Why shouldn't we know about them? But, as for the practice of medicine, in our homelands we have never seen anything that connected it with Christian evangelism, any closer than we have seen the store, the workshop, the field or the railroad connected with the winning of souls. It is hard for us to imagine such a thing.

It is high time that the literature of medical missions should be multiplied and popularized. It does not look as if we were going to be able to establish medical missionary work in the homelands, and develop it there in every nook and corner, so that all may feel its power, and that from among its many born into the kingdom through being healed in an hour of desperation, there should arise a mighty host of missionaries of the healing type to go abroad in search of the unsaved. It looks rather as if

this arm of the service is going to have to be developed on the foreign field first, and after there are no more unapproachable hordes among the heathen or the Mohammedans, then to turn to the slums of the homelands to help finish up the task of evangelization there. For that reason the home campaign must be carried on for this generation, and, perhaps, for various others to come, not by ocular demonstrations wrought on living subjects in the hours of their physical sufferings, but by literature and by public speech. The use of this kind of public speakers has been increasing for some years, but the ministerial missionaries when on their vacations in the homelands are going to have the best of it on this line for a long time to come, because they are so much more numerous and so much better orators. Would that we might stimulate a hundred or a thousand of our fellow-healers to resolve to put their hands to the pen. Our work is as attractive in pen-drawings as is that of the preachers or the teachers. Now that the far more powerful attraction of relieving pain in the homeland is denied us, arise, my brethren, and put your hand to the pen! It is "mightier than the sword." You can do it. You are highly and literarily educated. Of course you can do it. You have been humble, and have preferred to make brick with lit-

tle or no "straw" furnished you. You have killed yourselves off by bending yourselves to your double task, rather than to lay aside your humility enough to tell the Church at home what you have "felt and seen," letting them feel the same thrill which you have felt by seeing the peculiar power and unusual fruitfulness of your kind of work.

In this volume we try to bring to the eye of our readers the greatest possible accumulation of information and suggestion, illustrated and enforced by our own varied experiences and by references to the experiences of many others in all parts of the world, but this is but an introduction to the subject; it is but the doorstep or the vestibule to the house. To you, my brethren, the medical missionaries, I leave the task of throwing up your javelins till, as threatened by Xerxes, "they shall darken the sun," and, by so doing, bring forward the tremendous campaign of literature which may enlighten the lands of our birth. It will be better that some one should arise to contradict us, than that we should continue to experience the silence of death in this matter of Medical Missionary literature. If our contradictor will speak loud enough to make a large number of people hear, we will be thankful, because of the great number of people he will

start to thinking and perhaps to desiring information on this subject. Then perhaps he will also waken up some of our overbusy fellow medical missionaries, so that they will see the necessity of rushing into the fray to tell a lot of the truth to those whom they see anxious to learn about it. It used to be said that P. T. Barnum was most anxious for newspaper mention, and was about as thankful when they spoke against him as when they praised him, because, said he, the worst thing that could happen was for them to say nothing, and so leave the people in utter ignorance of his doings.

Within a few weeks, we shall put on the market a companion volume to the present one, entitled "Medico-Evangelism in Guanajuato," illustrated with many engravings and showing forth the history of 43 years of evangelistic work in the city and state of Guanajuato, the first 16 in the form of schools and pastorates, and the last 27 with medical work joined on. Those of you who read that volume will find a live illustration of missionary work carried on in a fanatical Roman Catholic country with only the first two forms of work, placed in juxtaposition and high contrast with what happened when "the full panoply of God" was more nearly approximated by the addition of the medical work; and, though the means for

doing medical work on which we have been able to count were not at all ample and full, as the once awakened Church will some day be able to provide for the use of our successors, yet the readers of our second volume will not fail to discern the *vast difference* made by it, and, will, with us, rejoice, thank God and take courage for pressing the battle to the gates in this form, till "this world shall become the kingdom of our Lord and of his Christ."





CHRISTIAN HEALING;

— OR —

MEDICO-EVANGELISM.

I

INTRODUCTORY CONSIDERATIONS.

Christ's Healing.

ON sending his Only Begotten Son into the world on such an important mission, God, in his infinite wisdom, made a most notable use of healing as a means to the end sought. After having first prepared a special people, the Jewish race, educating it in the most democratic, moral and intelligent methods known to those times, Jesus, appeared and lived in the most humble way as a carpenter in the little town of Nazareth, living such a blameless and

holy life that when his cousin, John the Baptist, came baptizing in the Jordan, great prophet as he was, he did not wish to baptize Him, but answered saying that he himself ought to be baptized by Him.

When he proceeded to carry out his mission of the evangelization of the millions of the Jews, he sent ahead of himself, to every place which he would visit, forty one pairs of preachers to announce the coming of the promised Messiah. In the work of announcing Him, He instructed his preachers to "heal all manner of sicknesses" in His name. These instances of healing were executed in the most remarkable manner, for not only those who had sleightills were cured, but also those who had the most serious ailments, as, for instance: epileptics, lepers, crazy folks and those possessed of devils. All were relieved completely and in a moment of time by the simple invocation of the name of the Master. These works of healing caused a profound impression in the minds of the Jews, millions of whom were ardently expecting the coming of Christ; and so great was the interest awakened that, when weary with his prolonged labors, he often retired to the desert to rest, they would follow him, eager to see his mighty works and to hear his gracious words.

His preaching during the three and a half

years of his public ministry was always accompanied with many cases of the healing of the sick and even, on occasions, the raising of the dead.

When, at the end of his earthly life, He ascended on high, He left his followers thoroughly trained to heal the sick at the same time they preached in his name, having taught them from the beginning, saying: "In whatever city ye enter, heal the sick that are therein and say unto them, The kingdom of heaven has drawn nigh unto you." [Matt X. 7-8; Luke X. 8-9.]

Christian Healing.

It is true that few of us who live now-a-days have ever seen healing done in the name and for the love of Christ and in connection with the announcing of his holy gospel, or healing done in the name and with the money of the Church that He purchased with his own precious blood. For nearly two thousand years Christianity had almost forgotten that it was its business to heal the sick in the name of its Master, and not only this, but sometimes it has even forgotten that it was its business to convert all the souls in this world to Christ.

These two thousand years have witnessed only three great missionary epochs. The first

was that of primitive Christianity, the second that which wrought the conversion of northern Europe, and we are now in the third. During all the other centuries the heathen were left quite to themselves and almost forgotten.

Even more than this can be said, for, in many places and during many long periods, Christianity almost forgot that it was its business to teach men to be holy. It is not enough that we teach men to be baptized, call themselves Christians, and form a group separate and apart from the so-called heathen, Buddhists, Mohamedans, etc. It is the duty of the Church to teach sinners to repent, to leave off doing evil, and to learn to do well, possessing themselves of the sentiments and the practices of holiness. Permit us to ask whether in many a circle of so-called Christians of today it would not sound as strange to hear that it is the duty of all Christians to be holy, as it would that it is their duty to maintain their own bodies sound and healthy and devote themselves in whole or in part to the healing of their sick neighbors in the name and for the love of Christ.

Some Remembered.

In every century there have been some who remembered their duty and privilege of healing the sick. There have always been found

here and there pious souls, filled with the compassion of Christ, who have busied themselves, in a way that caused remark, with caring for the sick to the extent of their more or less limited knowledge in their own families and among their neighbors.

The organized church has also supported hospitals and asylums of all kinds from the days of primitive christianity till now. What has been done in this line has generally been in great disproportion to that which *ought* to have been done, but it has been sufficient to demonstrate that the duty of Christians to heal the sick has not been wholly forgotten. These remarks apply specially to the five great historic Catholic Churches; the Roman, the Greek, the Armenian, the Coptic and the Abyssinian.

Protestants.

It is now four hundred years since our forefathers began to protest against the errors and abuses of the Roman Church in Europe and to set themselves to its reformation.

For a long time they devoted themselves chiefly to preaching against these abuses and to explaining the fundamental doctrines of such, true Christianity for instance, as: regeneration and the holy living to be expected of all true

believers through the aid of the Holy Spirit. For the establishment of these principles they set themselves to the task of scattering abroad a knowledge of the Holy Scriptures. They also began the establishing of schools everywhere to make an end of the profound ignorance that up to that time reigned everywhere. To these labors they gave themselves undividedly for about three centuries.

Then it was that they began to discover that it was also their duty to heal the sick. This discovery came about through their work on mission fields among pagan peoples where the methods of healing are often most savage. Here such missionaries as happened to have a good knowledge of the care of the sick were moved, through Christian compassion, to extend the hand of healing to the multitude of the suffering who surrounded them. It was at once noticed that the influence of this work brought great honor to Christ and made His religion much more acceptable to these heathen, and so medical work on the mission fields has been extended most rapidly until today, when thousands of labores are supported in this work by the missionary societies.

After two generations of this kind of work abroad, the Churches in the U. S. began to discover that it was a good thing for them to have

Church hospitals at home also, and from this on they began to establish hospitals orphan asylums, old folks homes and various institutions for the helping of the afflicted in the name of Christ.

Church Hospitals in the United States.

In the United States the Roman Catholic Church has always held its work to be missionary in character, and it is only very lately that they organized their first full-fledged Church with cannons after their style. Before that, all their Churches were held in the form of missions under the direction and control of the Propaganda of Rome, which is their Missionary Society. The Catholics have always maintained hospitals, orphanages and institutions for the helpless in a variety of forms in all the Protestant countries, as everywhere else, whereas the protestant Churches had not yet begun to have such institutions till the present generation. It was then noticed that Protestants who needed hospital services had to go to the Catholic institutions. Well do I remember the pleadings of those early days in the Protestant weeklies for funds with which to build such institutions, and how they called attention to the fact that we had to depend upon

the Catholics for such services, and that, while we were serving the heathen all over the world, we had provided nothing of the sort for ourselves and our neighbors at home. It was then that the Protestants in the U. S. began to be convinced that it was their duty as Christians to provide for the curing of the sick at their expense in the name of Christ and of His Church.

Since reaching this conviction they have constructed many hospitals in the most modern and splendid form, the which they are operating in the most scientific and Christian manner. For this reason there is much less necessity for Protestants to go to Catholic hospitals for treatment than formerly; nevertheless very many do so. At the same time many Catholics, Jews and others are to be found receiving such services as they need in the hospitals of the Methodists, the Presbyterians, the Baptists, the Congregationalists, the Episcopalians and others.





II.

MOTIVES OF THE WORK.

HE first motive which leads Christians to heal in the name of Christ and of His Church should be the fact that He so commands, and both He and his apostles set the example, and, if we are going to be acceptable Christians, it is necessary for us to do what Christ expects of us. It has come to be impossible to escape the conviction that Christ expects his followers to occupy themselves with the healing of the sick in his name and for love of Him.

We ought, however, to remember that the commands of God are not arbitrary in nature. In reality they are but His instructions to us of how to proceed to make sure of our very greatest happiness. He never forces any one to keep his commands or to follow his advices.

All that He requires of us, so far from being anything in His own favor or anything useless, is but the simplest demand of the sanest reason, and the most necessary proceedings in order that we may escape utter failure and breakdown. So that all those of us who love God ought not to think of his commands in any other way than as the instructions of the divinity to his well-beloved creatures and absolutely necessary for their well being.

Again, when searching out the reasons for God's command for us to heal in the name of Christ and for the love of Him, there occurs to us immediately as a reason: compassion and fraternal sympathy. All those who would be the sons of God must be compassionate as He is compassionate. How are we going to be sons of God in name only? We must be so in deed and in truth, healing the sick and succoring the needy, to the right and to the left of us, constantly, lovingly, willingly, gladly. That's the way Christ did it. That's the way He «showed us the Father.» That's the kind of a Father He showed us.

Once more, it seems quite certain that it is in this way that Christ wishes that we should manifest him to a world smitten with sin and sicknesses innumerable. He wishes that the unconverted who behold our lives as the ex-

pression of his divine life should be immediately and profoundly impressed, in and through us, with the divine compassion for the suffering. «He willeth not the death of the sinner that dieth, but would that all should turn and live.» The sinner always misunderstands God, as he also misunderstands Christ, and even us who are trying to consecrate our lives to Him. They consider us as a set of theorists, or as superstitious, or as hypocrites. The Jews of Palestine understood Christ so badly that they came to hate him, and, at last, called for him to be crucified. The Latins hated the early Christians, applying to them the epithets of «superstitious,» «rebellious,» and «obstinate,» thereupon throwing them to the lions in the great amphitheatre at Rome. Even today the world has a tendency to understand us badly, very badly. It is probable that Christ wishes that his true disciples may show forth in their lives and doings, before the eyes of all really sincere men, what loving and compassionate beings both He and his disciples are, so that sinners may no longer stumble nor misunderstand.

In the last place it might be said that it is simple impossible that it should be otherwise. To be a Christian, to be dominated by the Spirit of God and not be extremely com-

passionate towards the sick, nor do anything for them, beyond expressions of our sorrow for them, is impossible. All of us have seen many who are called Christians living in such a way as to make it impossible for us to distinguish them from the world. God's motive in sending his Only Begotten Son into the world to die for us was to prepare a way for our regeneration, remove from us our hard and sinful hearts, and to put in us good hearts, full of compassion, truth, tenderness, fidelity and celestial virtues. As Christians we ought to be good to our neighbors who are well and prosperous, and, when any of them fall into sickness or difficulties of any kind, we should be the first to fly to their aid. Otherwise we are not Christian, but selfish worldly souls, whom the waters of baptism have not greatly benefitted, nor the Divine Spirit sufficiently regenerated.

Definition of the words "Health"
and "Sickness."

By "health" we mean simply that all the organs of the body are performing their functions in a normal way, whereas by the word "sickness" we indicate that one or more organs are not doing their duty in their usual way.

We must not forget that the human body is a piece of the finest known machinery, which, compared with the finest watch ever made, leaves it far behind. It has a multitude of mechanisms which cause wonder in the minds of all who contemplate them. A fellow student of mine on graduating in college went to study medicine in Indianapolis. His mother was a most pious woman, but this one of her sons had never become a Christian. During the first years of his medical studies he became greatly interested in anatomy. Every evening he spent two and a half hours in company with his classmates in the dissecting room, and as his interest grew in the marvels of the human body, he would remain till midnight, all alone, dissecting and investigating his cadaver, poring over its wonders. One night his admiration of the work of God became so great that on retiring to his room he could not sleep till he had first fallen upon his knees and confessed his sins and hardness of heart before his Maker, consecrating himself, from that day forward, to his faithful service.

When among the multitude of these organs which together form the human body, some of them, of sufficient importance, begin to go bad in their form or function, the individual begins to lose his wellbeing, he notes

perhaps pain or other bad feelings, and, as the trouble grows greater, desperation and even death begin to approach.

Definition of the word "Heal."

All causing of the organs of the body to return to their normal conditions or functions in the way designed by their creator, is "healing."

In the case of tumors and various other excrescences, it is necessary to remove them by cutting, or burning, or strangling them with sutures, or by making their atoms return to the general circulation of the body by the use of electricity or otherwise. When by atrophy some part of the body diminishes in size, there are many different means which can be used to increase the circulation and nutrition of the part until it becomes as large and as strong as formerly.

Of late years we have come to know that many of the so-called diseases, or lack of proper function of the body or of some part of it, are due to infinitesimal organisms of an inimical character which we call germs or microbes. There are also many ways to counteract the hurtful processes of these germs. In many cases they can simply be killed by poisons, that is to say by the use of medicines

that will kill the germ but will not hurt the patient. Light is also a great enemy of many germs, and when we can subject them to the light of the sun, or even to electric light, we destroy them, and the body, then free from its enemies, proceeds with its normal functions and we say it has been cured. There are also many other ways in which we can stimulate the body to do double work in the destruction of these germs. When pneumonia attacks the lungs, the white corpuscles of the blood are multiplied within 24 hours, to more than 100 times their former number and absorb into their own bodies these attacking pneumococci, digesting and destroying them leaving the patient sound and well; unless perchance they cannot destroy the germs as fast as they are being formed in the lungs. In this case the germs gain the battle and the patient goes on with his pneumonia, more or less modified in its severity by the saving activity of his white blood corpuscles or phagocytes, as they are more technically called. If the body cannot produce these phagocytes fast enough, we can stimulate it to a greater speed of production. There are a number of internal medicines that cause such a stimulation, and hydrotherapy, when properly used, gives the greatest aid yet known.

Internal medicines operate in various ways, some chemically others mechanically and others quieting some parts of the body which are too much agitated, while still others excite such organs as are able to remove the disease by their increased function. Now-a-days we cure disease not only by medicine and surgery, but in a very great number of cases, especially chronic cases, with what we call physiotherapies, that is to say the use of electricity, water, cold and heat, vibration, massage, light and similar agents. Next to the marvels of creation found in the human body, come the marvels of modern discovery of means which lead the body back to health, or which attack and destroy the causes of disease. They are many and most interesting, almost incredibly so. It may indeed be said that the Christian art of healing is reaching almost unfathomable depths of discovery and development.

Theories of the Ignorant.

We must not omit reference to the existence of false theories concerning disease and its healing. Men have always been moved by a desire to flee from disease, as also to find means of dominating it, and none have ever been so ignorant that they have not devoted

themselves at times to meditating upon this curse of human life, and its cure. Even though it be in the most ignorant and ridiculous style, they invent theories about this common enemy and also methods of fleeing from him. In the most degraded countries it is thought that diseases are caused by devil-possession or by witches. To effect cures they will get out drums and make the biggest possible noise, bellowing like demons, hoping thus to frighten away the malignant spirits, which, as they believe, are devouring the lives of their patients. They also sometimes cast lots in an endeavor to discover who among the neighbors may be the witch who caused the disease, thereupon burning to death the one supposed to be its author.

Many of us have observed some of these things, though more or less modified, in countries that are not quite so far back in their development as some others. For instance, the word "lunacy" shows the former belief that madmen were simply moon-struck. In Mexico, one of the most common causes of disease mentioned among the ignorant is the supposed estrance of air, (the wind,) into the head or the bones of the body. We do not have to go very far in these days to find people who are still afraid of the night air. Very

few, however, are as yet afraid of the deadly habit of sleeping in small, tightly closed rooms and breathing the air over and over till they get almost blue in the face and waken in the morning with a headache and a general indisposition which they are at a great loss to account for. Another bit of ignorance which is still quite generally entertained is the theory that disease is some sort of a thing that gets into the body, a something separate from the body itself; and another error just as bad is that for each disease there is or ought to be, if it could only be discovered, a specific, a medicine of some sort that, when introduced into the organism, kills or drives out the disease and leaves the patient well. Perhaps the great popularity and vast sale of patent medicines, or secret formulas, now-a-days has some relation with these false theories which die so hard and so slowly among us. The real causes of disease are so frequently overlooked or ignored, while we are but exposing ourselves to the disease by the very means we take to avoid or cure it.

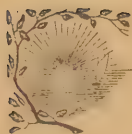
In all Christian countries we find a terrible struggle on in this matter of disease and its cure. Christ, and those he has most illuminated on the subject, are found on one side of the struggle, and ignorance and its hosts are

on the other side. All Christians have attained to some correct ideas which heaven's light has brought them, but, even in most Christians we still find some of these old ideas of the days of darkness prevailing in their minds. We have seen excellent, that is, earnest Christians who believed in such things as charms for disease, such as the blowing on a burn while repeating silently certain words, whose charm would be lost if their secrecy were removed or they should be communicated from a man to a man or from a woman to a woman, one requisite of the charm being that they must always be communicated with great secrecy from a man to a woman or the opposite. Sad to say that even most of our doctors still struggle to distinguish which of the precepts of their profession have come from Christ, the author of truth and of real relief of disease, and those others which are but the subtle poison that the devil has implanted in the minds of even the most intelligent of men from the earliest times. A live illustration of this fact is the relation of narcotics to the cure of disease. It is not unheard of even in our times that doctors should prescribe one narcotic for the cure of another, that they should try to teach their patients to taper off from the use of narcotics, or that they should pre-

scribe alcohol or even tobacco for the cure of a chronic trouble, where narcotism is sure to follow, whether the original disease is cured or not. We read that among the doctors themselves are found a surprisingly large proportion of the victims of narcotism in our times. From what can this come other than the great difficulty in distinguishing the real source of our medical knowledge, that is whether it is the light which comes to us from Christ, of whether it is the glimmerings of ignorance from the dark ages from which we have sprung. Christ is the author of truth. Could we only distinguish what came from him, we could cling to it, sure that we were right and that in its use we would be blessed with healing and consequent health.

We must rid ourselves of the idea that disease is an entity. Disease is not something that exists as a being, or an influence, something which we may meet and fight and conquer or be conquered by it. This word disease simply means a bad condition or function of one or more of the organs of our body. We must, as enlightened Christian men, learn to appreciate the knowledge which hygiene brings us, and we must get this true knowledge of hygiene from real Christian faithfulness. We must keep the laws of health ourselves, and

contribute our mite as citizens to the removing of the causes of disease from our communities. In this way we will be able to maintain a degree of health as great as our success in knowing and doing the right thing by our bodies enables God to give us. "He willeth not the death of the sinner that dieth."





III.

METHODS OF HEALING.

EVERY one who enters upon the consideration of the subject we have placed at the head of this chapter, must at once observe a notable difference between the methods of healing Christ used and delivered to his first disciples, and that which we call Christian healing in our days. No one who believes in Christ as the Only Begotten Son of God can for a moment think strange of his way of healing by the act of his will or the power of his word. But as He gave to his first followers the power to heal in the same instantaneous way, without the intervention of days or weeks, and without the use of medicines as we know them now, there does arise a question, even in the most devout minds, as to whether Christ wished and

expected us to continue healing people in His name and for love of Him after He retired from us the power to do it in the same way as at the beginning. We think he did, and will adduce the following reasons for so thinking:

1st. There exist the same reasons for healing the sick from religious motives now as then.

2nd. The darkness and ignorance which hovered over mankind before Christ's time, as also selfishness, hardness of heart and lack of human sympathy, all made it impossible that there should have been developed before His time (and so had ready to hand for his use and that of his first disciples,) the methods of healing which are founded on a knowledge of anatomy, physiology, surgery, materia medica and the physiotherapies of our day. Only after the establishment of Cristianity with its wonderful light, its heavenborn love, and its faithfulness to the impulses of the divine sentiments, could God develop this knowledge in the midst of a Christian society, and as the knowledge of these things was as yet lacking, it became necessary for Christ to manifest the true inwardness of his spirit, and to send forth others to make it manifest to sinful men, by the use of God's power and wisdom in some other form. And with all the wonderful progress of our knowledge of the science and art of healing during

the nearly 2,000 years since Christ's time, it is still necessary to confess that our famed medical science must be but a small fraction of the knowledge of the subject that existed in the mind of Christ, to have enabled Him to perform cures so much better than we can perform them, even at this late date.

3rd. Not only did Christ command his disciples to heal after his own divine model, but he also ordered them to imitate the Good Samaritan, who, going down the road from Jerusalem to Jericho, found a Jew wounded and half dead at the hands of highwaymen, lying by the roadside, neglected and passed by by a priest and a Levite of his own people. Notwithstanding the fact that the wounded man was an enemy of his nation and of a race that hated the Samaritans to such an extent that it was necessary for them when travelling through such a hostile country to carry with them their own food, water, wine, and even bandages, nevertheless he descended from his animal, treated his wounds, pouring into them oil and wine, and bandaged them, and, once sufficiently resuscitated, he lifted him up on his ass, and, himself walking, conveyed him to the next town (Jericho), caring for him personally in the humble hostle where he put up, and, on his leaving, giving money to the inn-keeper with which to

continue caring for him, at the same time promising to pay whatever his care might cost, more than the amount he deposited in advance. The cultured young man to whom Christ was reciting this story had asked him what he should do to inherit eternal life, and, after telling him about this Good Samaritan and his wonderful deeds of mercy, He said to him, in the hearing of all those who stood about: «Go thou and do likewise.» So in this way Christ told all of us who would flee from the wrath to come, who would seek to be saved from the ruin of sin in this present world and to become inheritors of life eternal in the time to come, to use, as a means thereto, the healing of the sick with our own medicines, bandages, ambulances, personal services as nurses, money and hospitality, as did the Good Samaritan.

4th. We should also judge as to whether we are interpreting aright what Christ expects of us in this matter, by the fruits of Christian healing in the times of the apostles and in our own times. We can see that the motives of Christian healing are the same in our time as in the time of Christ, and there remains to inquire whether the fruits of healing performed in our time by the slow processes of science as developed under the warmth of Christian civilization are equal to those wonderful results

attained by the miraculous healing of Christ's time.

When the disciples of John the Baptist came to Christ asking Him whether he were the Christ or whether they should await another, he allowed them to hear his preaching and observe his works of healing for a while, and then he answered them: "Go and show John again those things which ye do hear and see: The blind receive their sight, and the lame walk, the lepers are cleansed and the deaf hear, the dead are raised up and the poor have the gospel preached to them; and blessed is he whosoever shall not be offended in me." Christ, in the place of sending to John a simple affirmative answer, evidently thought it would be more convincing and persuading to the mind of the great prophet if he would send his messengers back to him to recount what they had seen of the divine compassion of the Christ for the suffering and for the poor. In all the mission fields, and even in those countries where Christianity has made the greatest progress, it is observed in our day that, where the use of healing as in primitive times is beginning to be taken up, it produces the greatest effect in bringing conviction to the minds of the indifferent and unbelieving concerning the divinity of Christ, the importance of His gospel,

and the reality of the faith of Christians. Such is the effect of the healing of the sick and the showing of tender considerations for the poor on the part of sincere Christians. The results of this sort of work are therefore the same now-a-days as in primitive times, and this goes to prove that it was Christ's intention that we should heal in his name and for his love by all methods and in all times, both miraculously, at first, and by the limited knowledge possessed by the Good Samaritan; and still later by the use of the science of healing which He would gradually make known to his followers in the centuries to come. In this way we are led to see that it is not the miracle of the healing which alone is valuable, but also the spirit of compassion and divine love which exists behind the work of healing in the hearts of the believers. We call Christ's healing, as recited in the gospels, "miraculous," whereas we say the healing of Christian doctors is "rational." Now if we understood this matter perfectly we might be able to discern the "rational" in Christ's more rapid work, and so what we call *the miraculous* would all disappear from before our wondering eyes. Then what would remain in our minds? Only the compassion, the compassion of God, tender, mighty, wonderful!

In view of all these reasons we have been

setting forth, it seems clearly to be the inevitable duty of all groups of Christian propagandists to heal the sick, as also of all those who seek their own salvation to imitate the Good Samaritan. Some can work as doctors, some as nurses, some as «Red Cross» winders of bandages, some as carriers of the purse, and all in the capacity of putting the wherewithal into the purse that makes all the rest possible.

If only Christians could just say: "Arise, take up thy bed and walk," and in this way cure everybody, there is no doubt that all Christians everywhere would be doing it all the time. Why therefore did Christ retire from us this power which He at first gave us? We may find one intimation of a reason in what happened with the first healers He sent out, for they returned rejoicing that «even the devils were subject unto them.» Christ saw the danger and warned them to «rejoice rather because their names were written in heaven,» but not to rejoice in their own superiority. The exercise of a power like this of miraculous healing as given to the apostles and the first 70 preachers would tend in the opposite direction from the humility which is fundamental and necessary in the Christian. Having a more humble participation in a

slower process of healing conduces more to a constant recognition of our complete dependence upon God, the only real healer. Once I heard one of the greatest Christian surgeons say to a patient: «I cannot heal you; I can only cut you to pieces, and God will heal you, if it be His holy will.»

Even apart from the danger of making us haughty and self-important, were we allowed to heal as did the first disciples, it would really give us less participation in the work than that which was permitted to the Good Samaritan. He had to lose a good deal of his precious time and invest his goods and his money, the which he had provided for his own service should he get hurt or become sick and need them. Thus he became a colaborer "together with God."

Why are Christians doing so little of this work in our days? It seems to us that it is

First, because they have not been taught the will of God in the matter sufficiently. It is thus with all the Christian duties and privileges. Even the mother of John Wesley wrote to her famous son in answer to his letter informing her of his spiritual enlightenment in the spiritual conversion to which he had attained, that she rejoiced with him and believed this to be the privilege of those whom God would *specially favor* among the rest of their

brethren. She did not understand it to be the privilege and the duty of ALL. Greater light has come upon the world so that now not only all Methodists, but most of those of the other denominations of Protestant Christians believe conscious spiritual salvation to be the privilege and duty of all believers. We are just now entering upon an epoch of a more clear understanding of Christian Stewardship, and the practical side of the Christian consecration is likely soon to be so understood, accepted and practiced as never before throughout all Christian history. This will involve, among many other things, a far greater extension among us of the paying of the tithe, or of various tithes, and of carryig on humanitarian efforts in the name of Christ and his Church, one of the very first of which will be the wholesale work of healing for the purposes of evangelism.

Second, because of the peculiar reflex effect on the human heart of its own sympathy in the presence of suffering. Most people do not know what to do for one in suffering, so their very sympathy for the sufferer has a tendency to make them wish not be around where people are sick or wounded.

Third, because the cultivation of the finer feelings in a clean civilization seems to cause disease and the diseased to have a repelling

effect on fine folks. Such interpretations of the finer feelings have for ages made the cultured regard the healing of the sick to be a work fit only for the low, the dirty and the brutally minded. This is well proven by history, and even by consulting the folks around us in our own times. Well do I remember one of my own first experiences in coming in contact with this sentiment. When I took up the work of a medical missionary in connection with my Christian ministry in this country, one of the finest Christian young women I knew said to me: "Oh, I could never do such work. I love to care for the sick in my own family, but I could never stand it to have to care for other people when they were sick." It seems to make an impression on such minds similar to coming in contact with something dirty or repulsive. This I take to be a distortion of right feeling, perhaps due to selfishness on the part of many cultured spirits.

Fourth, because of the abnegation or self-denial necessary for the doing of this work. When we ask a Church to support a bed in a hospital we more often than otherwise receive the reply: «But oh, it costs so much.» It costs us the same as it did the Good Samaritan, doing it as he did it, and if in our times we can do it a thousand times nicer and better,

it will cost us more, but we will be doing more than the commodities of his times permitted him to do. Even in our day, for reasons that need not be explained here, some always prefer to help the poor or the sick on the style of throwing a bone to a dog; "a cent is enough for a beggar." This calls to our memory an experience we had. When it became popular to make and pay monthly subscriptions to the "Good Samaritan Hospital" in Guanajuato, a certain rich man who had a plantation of great value made us the smallest subscription of all those we had. After paying us his two Mexican dollars a month for two years, he sent me a letter one day by an aged woodman from his timber lands saying for me to treat him and collect my bill from him later. This old man was in a badly run down condition, and after 28 days of sanitarium treatments, most diligently and carefully applied, I sent him home quite able to work once more. I then sent in my bill for \$56 Mexican money. The man had bed and board and several dollars worth of medicines and treatments each day he had been with us. I was charging our lowest ward prices for the poor at that time, notwithstanding the fact that a very rich man was paying the bills. The result was that the man retired his subscription at once, and expressed himself as

greatly surprised and displeased that anyone should imagine it right to spend so much money on a "peon."

We should excuse this rich man, for he did not understand what we know about Christ and the true Christian life, but how are we to excuse ourselves? And if we cannot excuse the individual Christian, how much more difficult is it to excuse the Christian Church?





IV.

THE DIFFERENT FORMS OF CRISTIAN MEDICAL WORK.

FIRST we will present a table showing these different forms, and then enter upon an explanation of them.

I. In Private Life.

II. The Official Work of the Church.	(a) The Work of Deaconesses.	1. In Private Practice. 2. In The Dispensary.
	(b) The Work of the Medical Prof- ession.	
		3. In the Hospital. { (a) Philanthropic. (b) Evangelistic.

I. In Private Life.

As we have already said, this work is in-
herent in the character and spirit of Christ

and of his disciples. When Christ extended his mercies to the sick in their healing, and also when his disciples did the same, they but made manifest in this way their interior thought and feeling, letting it flow forth in this most natural expression of their real selves, exactly as the tiger, when he kills and tears to pieces his victim, but gives expression to his real self, showing forth what manner of being he is. So also the true Christians of our day but find the natural expression of their renewed life in the solicitude they feel for all who suffer. For this reason they not only care with all tenderness for the sick in their own families and in their own neighborhoods, but they also send forth their sons and their daughters and their millions of dollars of money to the furthestmost parts of the earth in aid of those who are attacked by pestilence, flood, famines, war and every other sort of disaster that falls upon them. It is well that every Christian may keep ever in mind Christ's admonition to his disciples, when he said to them: "Ye know not what manner of spirit ye are of." It is our business to know of what spirit we are. In this way we will be better able to judge what is right and convenient for our manner of life. There is a tendency to wish to do that which is most pleasing to our individual fancy.

Some say that to be a Christian is simply to be honorable with all ones neighbors; another believes it means to learn to pray, and to practice prayer in secret and in public; still another believes it is a cuestion of attending upon certain public religious ceremonies, and so on *ad infinitum*. Few, as yet, are those who understand that to be a Christian includes the cultivating of compassion for the sick and the occupying ourselves and our money in attending to their needs. But *there are a few* who so understand and *there have been some such* in every generation from Christ's time till now. Those who have understood this have, during all the ages, maintained this sort of Christian activities, even during the *dark ages*, and before the development of our modern civilization with its better conceptions of Christ and his work. It is clear, therefore, that in connection with other Christian virtues and practices, we should all of us, in every way possible, personally and with our money, help the sick, near and far, beginning with our own families, and ending with the most distant heathen in the world.

II. Official Work of the Church.

Not only individual Christians, but also all Churches in their corporate capacity

should exercise themselves in this same virtue, using all solicitude, in the many activities within their possibilities, on behalf of all those who suffer. As in the case of this work in the hands of the individual Christian, so in the case of the organized Churches, these labors can be accomplished in many different forms. *The simplest form of participation in this work*, and that which is becoming very extended in our days, is the raising of a liberal collection on a certain day in November, called Hospital Sunday, and using it in some way in the healing of the sick. Generally this collection is given to the nearest-by denominational hospital. Nearly all the Churches raise occasional collections also, from time to time, to help those who have been the victims of any disaster, such as floods, famine, wars, pestilences, etc.

a. The Work of Deaconesses.

Another simple form in which many churches in our time are obeying these noble impulses of Christianity, consists in the employment of one or more deaconesses who visit the sick, the poor, and the helpless, aiding them in some Christian way. These young women first take a course of two or three years

study of the Bible, church history and so forth. Some of them also take a three years course of nursing. Not a few among the wealthier churches are establishing, as a part of their parroquial enterprises, a home for deaconesses where these workers may live. Usually this is done where a church employs more than one deaconess. The Methodist Episcopal Church has now about 1500 deaconesses. Among Protestants these deaconesses appear somewhat in the role of the nuns or sisters of charity which have existed throughout the centuries among Roman Catholics. But of course they do not take upon themselves the so-called vows of chastity, that is to say a perpetual obligation never to marry, nor do they oblige themselves to devote all their life time to this calling. They thus maintain for themselves that liberty of action which Protestants so highly esteem, being able to abandon this manner of life and marry whenever it may seem to them desirable. These pious women are a happy expression of christianity in its purest form. Catholics who have become tired of their church and call themselves "liberals," as well as Protestants who have been recently converted from Catholicism, do not hold nuns in high esteem, but those who were born Protestant and who have

never had any quarrels with Catholics or Catholicism do most highly esteem these orders of women among the Catholics, considering them to be the most Christian people to be found in Catholic circles. For this reason the Protestants of our times have had no hesitation about organizing these circles or societies of deaconesses and nurse-deaconesses. It is a movement of great popularity in our days, finding no objections on any hand, for the simple reason that those conditions and circumstances characteristic of Catholic nuns which make the very Catholics themselves object to them, have been carefully avoided.

b. The Medical Profession.

We will now speak of the forms in which the church carries forth this work in our times in the hands of the medical profession itself. The medical profession consists of doctors, nurses and pharmacists. All these together form the medical profession, but the nurses and pharmacists, because of the limitations both of their knowledge and of their work, to a small fraction of that which the medical profession includes, represent a subordinate part of the profession. The doctor should possess such knowledge and training as to enable him to have supervision and give direction to these

two subordinated parts of the profession. Nurses carry out the directions of the doctors in their absence, and pharmacists prepare the medicines according to their written instructions.

1. In Private Practice.

When the doctors and the nurses combine to carry on a medical work for the Church, they find various methods or forms in which to do the work. One is work done in a private way much after the style of the secular medical profession; that is to say, by visits made to the homes and by consultations or treatments given in their place of residence or in their offices. All the work done in this way is called "Private Practice."

2. In the Dispensary.

A second form in which these professionals carry on their work in the name of and for the Church is found in the Dispensary. In this case a certain hour is set apart when the doctor and his assistants will attend to the poor in a place made known to the public. The patients gather and the assistants record their names, places of residence, and the length of time they have been sick, keeping this record in a book

and also writing it on the prescription papers to be used for that day, so that, when the doctor arrives and sets about his work, all will have been so prepared to his hand that he can go through it with ease and dispatch. Each patient is also given an ordinal number on a slip of paper, the which number also appears on his prescription paper, so that each successive time that he returns to the dispensary the assistant will hunt out the same paper, and when the patient appears before the doctor, there will be presented to his eye the history of all that has been done for this patient before, thus greatly aiding the doctor in quickly giving the very best service possible in the case. When the doctor arrives at the Dispensary he finds all the patients present and made ready. It is then customary to read a portion of the Holy Scriptures to the patients and their friends who accompany them, following this by a short talk of a practical character on the passage read, or on our relations with God, or on the relation of disease to sin, or of Christ as the true physician, the author of the methods and medicines by which we seek our healing, as He is also the author of health itself; commending the patients to seek health from God by prayer, increased knowledge of his laws and increased care in living in conformity with them, and to

recognizing Him as the author of the blessing they seek and soon may receive in this line. A prayer is then offered, all kneeling, perhaps a hymn is sung, (usually a solo by some one who can pronounce the words so they will be perfectly understood,) and then the doctor proceeds to an adjoining room where he receives the patients in order, one by one, prescribing for them. Some of his assistants talk to the patients not yet prescribed for, selling them copies of the gospels, while others serve those who have been prescribed for, furnishing them with the medicines prescribed and applying the treatments indicated. Where a dispensary is intimately related with a well equipped hospital, the doctor will be able to have his patients given not only surgical services and medicines, but also baths and the many applications of water, electricity, heat, cold, light, vibration, etc. These treatments can be given immediately or at the proper or prescribed hours, and can be continued as needed daily without the doctor having to see the patients quite so often.

Interesting Questions.

There are various question of interest in relation with Dispensary work upon which it will be well for us to touch. There is a general

agreement among such workers on many points, while in other details there is considerable variety of opinion and difference in manner of execution in different parts of the world. For instance there is the question as to who should direct the religious services just described. The general opinion is that it ought to be directed by the doctor himself as a rule. There are many reasons that lead to this agreement of opinion.

First: The very nature of the case. Christ did not occupy a chaplain, nor did his Apostles need some one to attend to the religious part, while they administered healing to the multitudes. Christ preached and healed at the same time and place, and the apostles practiced in exactly the same way. Some have experimented, employing a doctor to prescribe, and a pharmacist to furnish medicines, people who had little or no interest in the spiritual part of the work, and then ministers or other religious people would be present and try to supply all the religious part. Sometimes these religious people paid the doctor and pharmacist, and other times the professional work was given gratuitously. In Paris, France, I saw the McAll mission working in this way. In one of their dispensaries, which I visited, they paid a near-by pharmacist twelve and a half francs (\$2.50) for each session, he furnish-

ing all the medicines at his own expense. A great defect in this method is at once noticeable, because this secular worker was simply a business man whose end was gain, and as he had to provide various medicines to each of 40 or 50 patients daily he would be tempted to provide them on such a cheap basis as to put in great doubt their efficacy and usefulness. He and the doctor also would be tempted to interpret the needs of these people too much on the style of throwing a bone to dog. The true physician, even if wholly secular or worldly in his aims, would desire the greatest possible results in healing, and this arrangement with the pharmacist would tend largely to defeat his purposes. The Christian promoters of this work seek the very greatest healing results. Less than that, is but playing with the hopes of the sick poor, who are expecting good faith and altruism of the disciples of Christ. This is therefore a bad plan for these Christian promoters.

Still other powerful reasons could be adduced in explanation of the almost universal feeling among practical medical missionary workers in favor of the plan that makes the doctor take the lead in the religious as well as in the professional part of the work. It is also clear that the Church should buy its own drugs, the very purest and best to be had, and that noth-

ing whatever should be allowed to intervene that will weaken either the philanthropy or the evangelistic features of the work.

Second: Suppose that the pastor should say: "I am the head of the Church and of all its departments. The doctor is a layman in the Church and for that reason I am going to take charge of the religious services and all but the scientific part of the work in the Dispensary, leaving the doctor to prescribe and operate and so forth." Would it not be the same as if the pastor were to say: "The Superintendent of the Sunday-school is a layman, and so I am going to take charge of all the religious part of his school, and leave to him only the secular part of arranging classes and finding teachers for them, etc? "Suppose the doctor were to say: "I cannot pray in public and talk well on religious lines, so I am going to limit myself to the practice of medicine and surgery and leave the religious part to others." In answer it would occur to us at once: "Why did not the apostles seek some such a worldly minded doctor to do Christ's healing, while they devoted themselves to prayer and preaching? St. Saul took a doctor with him everywhere, "the beloved physician Luke," but how far from being thus secularly minded was St. Luke! The work of the Church in all its departments represents, "evangelism,"

(though in different forms and degrees,) the which means, "the conversion and edification of sinners." It is not possible to occupy advantageously, in any of its departments, workers who are not evangelistic.—those who are too worldly to pray, testify, teach and be apostles—the "sent" of Christ. However, this is exactly what has been done thousand of times and in many countries, and that with the ministry itself, and experience has demonstrated that just as soon as the ministry is thus allowed to become secularized, the Church dies spiritually, men cease to be converted and built up in grace, and God has to bring about a religious reformation in some way in that country.

Third: A number of times we have seen put in practice this plan of dividing the medical missionary work, employing one person as the doctor and another as the missionary, and we have invariably observed that many of the irreligious or fanatical sick would in the most unmistakable ways turn the cold shoulder to the missionary, as if they were saying: "I came here to find and consult a doctor." Only by the union of both parts of the work in the same individuals can the work of healing both body and soul be made to succeed on a large scale.

Christian Literature.

It is customary to distribute Christian Literature in the form of tracts, gospels, testaments or Bibles, given away or sold at very low prices, to those who attend the Dispensary. It is also common to employ house to house visitors who can follow the patients to their homes and show Christian sympathy and helpfulness in many forms. Sometimes these are nurses or deaconesses. But it is also occasionally found to be wise to avoid, at least for a time, the gratuitous distribution of such literature on the account of the persecution it raises.

Cooperation of the Ministry.

Another question is as to what participation the ministry should take in the work of the Dispensary. As the Dispensary is an integral part of the work of the Church, the pastor cannot afford to have it isolated from his influence. He should be present and take part in this work, just as in any and every part of the work over which he presides as "pastor in charge." We have already stated that he should not assume the roll of a chaplain, letting the doctor out of his important role of showing himself the first and most interested of all those present in securing for his patients the spiritual blessings needed by them.

There must be an intimate connection between the Church and the persons whom this Church serves in its Dispensary, and it seems to be necessary that the pastor furnish this link in his own person. Suppose that some people were to attend the Sunday-school and not to attend any other of our Church services. What would be the effect should they not see the pastor there. Surely this would not be considered a good way to proceed. The pastor should be found in every department of the Church work, participating therein most sympathetically, intimately, and regularly. Where a pastor complies with this precept and takes the greatest participation possible, without taking the place of or setting aside the medical workers in the religious labors, the greatest possible success will be attained, not only in healing bodies, but also in guiding souls to right relations with their Saviour, which really is as much one of the ends to be sought in this as in any other department of the work of the Church.

How unfortunate it is that some great leaders of the Church in our day have gotten it into their heads to hold up before the Church so severe a segregation of its work into "Evangelistic, Educational and Medical." Once I knew a bishop to criticise a president of a college for having a great revival in his school

without having placed the pastor in his town in charge of it, when said pastor had never in his life seen or participated in a revival. Many and sad have been the appreciations which I have heard on the part of people in charge of high administrative offices in the Church, in the matter of keeping these departments all as separate from each other as possible. It seems to us they should all be just as intimately related as possible, and that each of these three departments of the Church work, while having as its leading activity that indicated by its name, should also partake of the characteristics of the other departments, as much as possible. For instance, the preacher should teach and be a healer of souls, and a helper in the healing of bodies. The teacher should in some sense preach and heal, and the doctor should also to some extent and in some way teach and preach.

I knew a missionary Dispensary and Hospital worthy of the highest esteem which held six sessions a week, allowing the pastor of their own denomination to be there two days a week and conceding the same privilege to each of four other denominations one day a week.

These pastors accompanied by certain of their Church workers would, on their day, conduct a religious service in the chapel of the dispensary with the hundred or more patients

present, and, afterwards, would converse with the most interested among them while the doctor was prescribing for and treating the multitude one by one. They would note down the names of those who indicated a desire for them to visit them at their homes, and would then follow up this work assiduously from house to house, in the course of time bringing a goodly number of them into Christ's fold. The most remarkable result I have yet know was had in the ingathering of probationers into the Churches. 200 per year were added to the Church rolls in that city. But it was noticed that a disproportionate number of these went into the four Churches who were spending nothing for the carryng on of this most expensive Dispensary .The owners of the dispensary who were making such a tremendous financial sacrifice for its maintenance, notwithstanding the fact that they were retaining to themselves twice as many days a week in which to work as they contributed to each of the other denominatins, were receiving much fewer members. Observation led to the belief that this was due to the lack of zeal and careful endeavor on the part of their pastor, and so they changed pastors in the hope of doing their part of the work better in this respect and so securing a proportionate

share of the spiritual fruits of the work. This illustration of how to proceed in order to secure the largest possible results should not be overlooked or neglected by any earnest student of this subject.

3. In the Hospital,

We now come to the form of the work which is identical with that of the good Samaritan whom Christ commended as a model. He found at the roadside an enemy who had been beaten to unconsciousness by highwaymen and then robbed. He took the medicines and bandages which he was carrying for his own use in an inhospitable country and used them on him after the modern up-to-date "first aid" style. When he had returned him to consciousness and overcome his dizziness sufficiently, he mounted him on his ass and, himself walking, brought him into the city of Jericho. There at his own expense, he cared for him in an inn till he was entirely restored.

This is the perfect way of working. It begins with seeking out the sufferer where he may be found, without waiting for him to be thrust upon our attention by those who solicit our aid in his behalf. It proceeds to take him to where he can be better attended, and does

not cease until he is fully restored, providing him with every needful service, both personal and financial, and that without charging him a cent or presenting him later with a bill for the expenses.

It is not at all strange that, in the efficient times in which we live, intelligent and sincere Christians are awakening to the duty and privilege of working out our own salvation, in obedience to truly Christian sentiments, building hospitals, preparing ambulances, doctors, nurses, money and all the needful commodities which money alone will secure. As we have said before, Christian institutions of this sort have existed from the beginnings of Christianity. But what is so interesting us is the awakening of this manifestation of the true spirit of Christ among the Protestants of today. Although the Methodist Episcopal Church, to which the writer has the privilege of belonging, was not the first to awaken in relation to this subject and to begin the construction of hospitals, nevertheless it may truthfully be said that no other has taken up the matter with more enthusiasm, or has constructed hospitals more rapidly, or larger or better organized or attended, since it did begin. It is about 40 years since Methodism began this work and today her hospitals exist

in all parts of the United States and in all the world, so that the sun in all its cycle never ceases to shine on them. I remember that its first hospital, constructed in the city of New York, solicited funds from the Churches far and near, saying that it was going to serve the Methodists, and all others who needed its services, from as far as the railroads could bring their suffering. . But only a short time had passed when another very large hospital was constructed under its auspices in the nearby city of Philadelphia, others following in Chicago, Indianapolis, Kansas City, Los Angeles and in all parts of the country, until today some of its great institutions are not over 30 miles apart.

(a) Philanthropic Hospitals.

As we consider all the religious hospitals of protestantism, there is a clasification which cannot be overlooked, the which depends upon the fact that some of them are dominated by the idea of philanthropy, while others are dominated by the idea of evangelism. Those christians whose burning zeal for the salvation of souls has led them to dedicate their lives to the work of hospitals and dipensaries of an evangelistic character, that is to say, those whose chief end is to sow the gospel seed and

garner in souls, cannot but experience a strange feeling when they contemplate a Christian hospital which largely leaves this purpose out of view. Equally those persons who are occupied in the hospital whose leading note is altruistic physical beneficence, feel not a little strangeness as they contemplate those institutions which place evangelism plainly over and **above everything else.**

All of these Christian hospitals possess both of these characteristics, because all of them are philanthropic and represent an altruistic beneficence above all others known to christianity or to the entire world, while none of them fail to be evangelistic in the sense that many persons are converted to the service of God among those who receive their physical services, and many others are edified spiritually while receiving such great and beneficent services in their bodies.

I will give a discription of a philanthropic hospital. Three years ago I was in San Diego California and there I saw drawn across a principal street, high in air, a strip of cloth with a call for two hundred thousand dollars painted upon it in large letters, for the construction of the third large hospital in that small city for the use of the Roman Catholic Church. During the month that I was there, I learned

that a former friend and classmate of mine of nearly half a century ago was the county auditor, and, though he was a Protestant, he had been made the treasurer of this fund. He explained to me the operation of this great subscription which was being gathered in from all kinds and classes of people, the larger part coming from the pockets of the protestants. The administration of such hospitals is generally placed in the hands of a group of people of recognized christian character as, for example, in the case just referred to, they were to be a group of nuns. Many hospitals in our own church are left to the management of deaconesses. We place others in the hands of a board of trustees consisting of ministers and prominent laymen. Once in a while such hospitals are directed by a board of trustees representing a great variety of Christian characters, including some who do not profess to be very Christian.

In most of these philanthropic hospitals, the method of the "Open Hospital" is that followed. This means that these hospitals open their doors to the whole medical profession of the place, allowing them to bring their patients there, the hospital simply nursing them. I know of one such hospital that simply calls itself a "Nursing Home."

The Mayo brothers of Rochester, Minnesota,

who have attained to the greatest notoriety as surgeons, have trusted the nursing of their great multitude of patients wholly to a group of Catholic nuns. With the immense amounts of money that these rich patients have brought to Rochester, these nuns have been able to construct and operate one of the largest and finest hospitals of our times. Now while these Drs. Mayo are not only protestants, but more or less active church members, they have adopted this method for the nursing and care of their patients. In one of the medical schools in which I studied, the dean and one other professor were Roman Catholics, while others where members of various protestant churches, and some were Jews and still others were the rankest of unbelievers. One of the hospitals where we had to attend clinics belonged to the municipality and some of the others were protestant, and still others catholic.

With such a diversity of tastes and practices among the doctors who bring their patients to these hospitals, and attend them professionally, it is easily seen how great must be the difficulty in giving important, not to say dominant influence, to christian teachings and spiritual ministrations therein.

In nearly all of the Methodist Episcopal hospitals the superintendents are either minis-

ters or deaconesses. I once visited one of these, in which I had an opportunity to converse extensively with the superintendent, a minister. We talked of the character of the administration of his hospital, and of those had by our church in foreign mission fields, with special reference to the religious life and labors had within them. At the end of our conversation he said: "How happy I would be, could I carry on the work of this hospital in such an intensely religious form as that which characterizes our foreign mission hospitals; but, alas! I cannot do so, but must be satisfied when, once a week, I may have a half hour of Christian conversation with a dozen of my nurses whom I can get together from among those who are not on duty." He, and his earnest religious associates in that Christian institution, had to do all their religious work therein privately, as it were, and as occasion offered, laboring individually with such "patients as might desire, from time to time, the counsels and ministrations of our holy religion. Though this was a very prominent hospital, the restrictions of religious liberty, not for the individual but for the hospital management itself, may have been greater than is found in some other philanthropic Christian hospital, but, if a little extreme in this respect, the case will nevertheless serve

us as an illustration, more or less true to the facts, of what usually happens, in greater or less degree, in the "open hospital" maintained by the Christian church.

These most highly meritorious institutions do a mighty work, and give a most valuable practical demonstration of the compassion of Christ for the physical sufferings of humanity. There are frequent opportunities in them all for the communication of spiritual light and Christian exhortation, but they are compelled to make spiritual ministrations the inferior part of their labors, dedicating themselves chiefly to certain physical labors, which are nevertheless most highly serviceable to those who are "oppressed of the devil" by disease.

b. Evangelistic Hospitals.

We will now take up those hospitals whose principal characteristic or motive is evangelism, that is to say, work in favor of the souls of the people they serve. The work of these hospitals is no less a manifestation of the mercy of Christ toward those who suffer physically than is that of the philanthropic hospitals, because they exercise the same care in rendering the very last possible physical service in favor of their sick. But they are organized more carefully, in such a way as may be found

more strictly adequate to the work of evangelism. In the first place they do not have a board or administrative committy in which persons who are enemies of evangelical propagand may dominate or even exercise any considerable influence, and they also form their group of nurses exclusively of those who are the most earnest Christians, and, what is more, as a general rule they strictly avoid what is called the "open hospital," where any and every doctor, no matter how antichristian he may be, may bring and attend his own patients; they have doctors who are strictly Christian, and, not only this, but they generally have doctors who are *medical missionaries*, that is to say, evangelists on the style of St. Luke himself. In the place of not being able to have even the smallest agreement among themselves about religious exercises among the workers and even among the patients in a hospital organized in this manner, it is possible to have daily prayers among the nurses and doctors as soon as breakfast is over, or just before or after dinner, or at such time as they may find most convenient. They can even have a shorter prayer service in each ward, once a day, carring it out in such a way that so far from its being disagreeable to those who suffer there, it will usually please them, and furnish

an attractive feature for the patients. In the dispensary of this sort of a hospital, we have a religious service on opening in the form we have already described. But, in the clinic of a philanthropic hospital, they usually have no such religious service, or one so exceedingly brief as to be much less serviceable than it should be. Liberty of opinion or practice does not abound less in evangelistic hospitals than in the philanthropic, or even in the municipal, because every patient who is treated there is guaranteed against being molested in the least degree in his liberty of conscience, and catholics, buddhists, mohammedans and pagans of every class can have the services of their own priests or ministers whenever they so desire, and these priests, who have a religious opinion so different from those which dominate among the nurses and doctors, are nevertheless received and treated in a most brotherly manner when they come to these institutions to attend those who suffer there. The gospel propagand is not carried forward in these hospitals in a form that merits the epithet of proselytism. The spirit that dominates these doctors and nurses is so intensely Christian and their love for souls is so profound that it does not stand for sectarian instruction, nor much less for polemics

or the denunciation of any one. It is thus with the gospel itself. Who can find anything sectarian in it? I trust that every reader of these words will just think a moment whether he can find anything like sectarianism in the gospels or the New Testament; there is nothing of the sort there. These sacred writings represent and inspire the spirit of those who turn themselves over body and soul to the pleasing of God by the rendering of these tender services to the sick, wounded and operated. When anyone is gravely sick, he feels but very little interest in one or another form of baptism, or one or another form of prayer. Those protestants who are mortally wounded in battle receive the prayer, the counsel and the godly admonitions of the Catholic priests who serve as chaplains in the regiment, when such priests are willing to serve the dying in the spirit of the gospel. Our Christian spirit is equally acceptable to the Catholic or to the pagan whenever these tender ministrations are needed, and they are especially well received if they come from the very same persons who are ministering to them in their bodily pain. Much observation demonstrates that these services of religious consolation are more intensely acceptable at the hands of those who are also ministering to them physically, as, for instance, the

doctors and the nurses, than when they come from chaplains and other persons who bring to the suffering no other services than those which they call spiritual.

There is Room for Personal Preferences.

There is no doubt that some Christians prefer to work in those hospitals which are more philanthropic than evangelistic, and, in the exercise of their perfect liberty to choose, they are doing so; and it would seem that they can cite in favor of their preference that the work of the Good Samaritan, which was so highly commended by the Lord Jesus, was not accompanied by any religious conversation between him and the wounded Jew. But, on the other hand, there are many Christians whose ardor leads them to prefer to work in hospitals which might be called evangelistic, and, in exercising this choice they are justified by the example of Christ and his apostles and the primitive gospel workers.

Nevertheless, we cannot escape the conviction that we have the cart before the horse. When evangelism shall have progressed to that period of which Jehovah said to Jeremiah (chap. XXXI-34:) "And they shall seek no more every man his neighbor and every man his brother saying: Know ye the Lord, for they shall all

know me from the least of them unto the greatest of them saith the Lord," then there will be an opportunity to organize all the hospitals that anyone could desire, simply for the purpose of demonstrating the philanthropy of the Lord Jesus, leaving out entirely the idea of evangelism. In the meantime, in our way of thinking, it is proper for us to lose not one single opportunity of giving to every hospital which we establish in the name of the blessed Redeemer the intensest form of evangelism which Christ himself could desire.

In mission lands, this seems to be the universal feeling, because in these countries the the feeling of the need of evangelism dominates all. But it is to be remembered that not a single country in the world is yet evangelized to such a degree as to make even one third of its inhabitants truly spiritual Christians. For this reason, in such countries we ought not to begin to forget that all we have and are should be continually expended upon the evangelization, either of our own country or of other countries.

These philanthropic Christian hospitals without doubt represent the most notable and highly appreciated altruism the world has ever known, and, nevertheless, spending so much on them as to make them the praise of all the

earth, while spending so little comparatively on the hospitals we build in the more backward countries, those whose medical needs are a hundred times greater, sadly reveals to us that selfishness still reigns to a certain degree even among Christians. So many and such immense hospitals as are now being constructed with millions of dollars for the exquisite service of those who build them! All the world, in our day, is made to wonder at the unheard of progress of the art of healing among Christians. The conviction is also spreading from family to family that it is only in these modern hospitals, and not in the home, that all difficult cases can best be cured. In order to prepare against such future emergencies, the construction of these wonderful hospitals and sanitariums is going forward in the most surprising manner.

It is clearly the case that Christ's feeling, in the matter of the healing of the sick, shall have to be greatly intensified in the hearts of those who profess to be His disciples before they will be willing to take from their pockets the sufficient amount of money to be able to build equally excellent institutions in all the cities of the mission lands where they send their children as missionaries. It is in vain that we demand of the poor Christians of the

first generations of believers, in whatsoever country, that they should provide sufficient funds for this purpose; because the gospel is first received among the very poor in all those countries, and they, because of the great increase of heavenly virtues in them, come to prosper finally, but after a number of generations have passed. For this reason we see the necessity which is upon the Christians of the country that sends missionaries to greatly multiply the construction of hospitals in these unfortunate and backward countries, if they would not demonstrate that selfishness which does not love its neighbors as itself.

The fact is, things are beginning to turn this way, and we now see a most happy increase in the construction of many and greater hospitals in China and India and other needy places, with money which comes from the United States and Europe.

Why Talk of God to the Sick, the Wounded and the Operated whom we Treat.

In this matter there are many objectors, some of whom allege reasons and others who are evidently impelled by simple prejudice. Upon my leaving New York to come to Mexico thirty-four years ago, an intimate friend of mine, an aged layman who was most active in

certain Roman Catholic enterprises, called me to one side one morning to give me some fatherly advice. He said: "When you arrive in Mexico you will be in a country which is wholly Catholic. Don't you go out in the street and begin to cry out at the top of your voice: 'To hell with the pope,' because, in that case, they will kill you; whereas, if you go quietly about your business without making any references to your private opinion in religious matters, nobody will hurt you." It was a strange idea this aged man had formed concerning various points: first the senseless idea he had of what a Christian missionary is and of how he might probably proceed on his mission in search of sinners whom he might call to God, in what he styled a wholly Catholic country. He was as completely mistaken in his view of what a protestant missionary might do in such a country, as he was also of there being any country, especially Mexico, which was wholly Catholic. The Mexicans themselves would smile at the idea that everybody is Catholic here, when in fact they themselves rose up against the Catholic church, with arms in their hands, two generations ago, put all the monks and nuns out of the country, stripped the priests of all their vestments and made them dress like other citizens, reduced their number tremendously and

proceeded to secularize ninety per cent of the real estate held by them, at the same time having taken the greatest of pains for these two generations to see that they have nothing more to do with politics in any way, having wholly disfranchised all their priests.

When I was about to open my first dispensary in Silao, many years ago, a lawyer who was a friend of mine, also an aged man of great experience, said to me: "Do not say anything to these poor people about religion; do not read the Bible to them, nor talk to them about Christ, because they are so very ignorant and brutish that they will not understand you, and you will completely lose your time and effort."

The Sanhedrim in Jerusalem, when they had Peter and James before them, examining a miracle of healing which they had accomplished at the beautiful gate of the temple, after fully considering the case, wound up by scourging them and turning them loose with the warning "not to speak at all or teach in the name of Jesus."

We find many people that take great interest in having us never speak in the name of Jesus, and this not only in relation with the sick, but in relation with everybody, everywhere, and all the time.

As for the sick themselves, some of them think: "How is it that we go to the dispensary to see a doctor, and have him do something for our bodies, and it turns out that he speaks to us of God almost as much as he does of medicine, and, kneeling down, then and there he prays for us." This kind of a conversation scandalizes some people when they first hear it, and they say: "Truly these medical missionaries are fools, wicked hypocrites, heretics, masons, protestants; we are now convinced that they are both crazy and wicked at the same time."

But all these sayings are superficial, erroneous and shortlived, and we will mention the following considerations in justification of of the practice of preaching and talking of Christ to the sick:

First. Liberty. Every man, including every Christian, has absolute liberty to proceed in a prudent way in entire conformity with his own conviction. In his contact with patients, the Christian physician is entirely within his rights when he mixes into his conversation with his patient everything which he believes to be important truth having any useful relation with his health and well-being. Among the multitude who gather in the dispensary, the doctor takes advantage of the opportunity to talk to the

whole group about those things which he believes to be of common interest, and reserves for the conversation which he concedes to each one in another room, the right to converse privately about all the things that have any particular relation to his health. A Christian doctor believes along with Saint Peter, who, in his discourse to Cornelius, a centurian at Cesarea, said: "Jesus of Nazareth went about doing good and healing all those that are oppressed of the devil," that is, he believes that God is not the author of disease, but of health, and that the devil is the author of disease. He not only believes in these general principles, but he believes that in the case of many sicknesses we are able to discern how they were brought about through our own fault, or the fault of our parents, or perhaps of our neighbors. He believes that it is proper for him to instruct his patients, in as far as he is able, not only as to the causes, but how both to avoid and to cure those diseases; and this personal liberty of the Christian is quite a sufficient defense for him against objectors.

Second, the commandment of Christ, and His example and also that of the disciples of the Divine Master for more than eighteen centuries. Here we behold perhaps the greatest reason of all. Christ said to the first eighty-two preachers

and healers whom he himself personally instructed: In whatsoever city ye enter, heal the sick that are therein and say unto them: "the kingdom of heaven has drawn nigh unto you" (Matthew IX., and Luke IX.)

Of the thirty-seven miracles which Christ wrought, twenty-six were of healing, and, if we examine the four gospels, we will find that Christ never separated his healing from his teaching. He would stop in the midst of his sermon to heal some one, and then would go on preaching, and, if he healed some one when he was not preaching, he was nearly sure to have some religious conversation with him. He mixed the two things always. Sometimes he exhorted them before healing them, and sometimes he exhorted them after healing them. Before healing them he would sometimes say to them: "Now that thou art healed, go thy way and sin no more, lest a worse thing come upon thee."

After Christ had returned to his Father, the apostles continued the mixing of religious conversations with their works of healing. Luke describes in the third chapter of the Acts the healing of the beggar at the beautiful gate by the apostle Peter and James, who not only talked religion to the man whom they healed, but also took occasion to preach the gospel to all the multitude that gathered around after-

wards, In the fourth chapter of Acts we read of the wrath of the Sanhedrim because of their joining healing to the name of Jesus and to the preaching of his name, and therein we read of the praye-rmeeting that the disciples had after the Sanhedrim let these apostles go, and the Good Book says that: "They lifted up their voice to God with one accord and said: And now, Lord, behold their threatenings, and grant unto thy servants that with all boldness they may speak thy word, by stretching forth thy hand to heal."

This is in perfect agreement with what is said by the evangelist Saint Mark in the last verse of his gospel, which is as follows: "And they went forth and preached every where, the Lord working with them and confirming the word with signs following." Now we have already seen, and can see every where in the epistles and in the Acts, that nearly all the "signs" or miracles of the apostles were those of healing, as was also the case with Jesus himself. So the teaching and the healing of the apostles went together just as it did in the case of their Master and ours.

Third, because it is the most reasonable thing to do.

God made the body and only he understands it perfectly, and has power to repair it

when its fine machinery gets out of order. In Christ, and in his many disciples throughout the centuries, He has manifested His good will for the relief of physical ills, in the case of those who ask him. If a watch gets out of order we do not pretend to repair it, or take it to the first neighbor we come to, but we take it to the a watch-maker, because only he who can make a watch can repair it.

It is God who made all the medicines. Who dares to say that any man ever made a medicine. If men have discovered the curative elements existing in plants and minerals, who gave them the intelligence and guided them in finding these remedies which God alone had hidden in these places?

It is altogether the most reasonable thing to make references to Christ when we seek health or when we pretend to reach forth our hands and take his medicines for our healing.

Fourth, sincerity on the part of a Christian doctor and straight forwardness in the best sense of the word make it necessary that, on serving the sick, he call their attention with gratitude to the Author of life and health, and of its restoration to the sick. To close the doctors mouth, say ing to him that he his only to talk the science of an atheist and to act in the presence of his

patients as if he were the equal of the man who does not even know whether there be a God, is to require him to be a hypocrite, to lay aside sincerity and to be a Jesuit, hiding the principal thoughts that he has in his mind by not letting the patients know that he understands the relation of God with the process of healing which they are seeking, as also requiring him to be unfaithful to Christ who has sent him forth to heal the sick everywhere, and say to them: "The kingdom of heaven has come nigh unto you." The doctor who is an intelligent and faithful Christian will not do it, it matters not who may be the person who may object to his proceeding in this manner.

Fifth. Some one said to me at the beginning of my medical missionary career that, if I should open my Bible to read before a group of patients gathered together for medical consultation, I would put an end to my medical work; because, through the influence of fanaticism and the counsel of their ignorant or prejudiced neighbors, they would not again desire that I should prescribe for them; but experience has demonstrated to me the contrary.

The things of God are so sweet and consoling, that they are pleasing to all men, and sometimes even to the most perverse. On

talking to the patient about God, sin, righteousness and judgement to come, and of the offers of help from Jesus, our Savior, so far from their believing me to be a perverse and bad man, exactly the contrary was observed. I have often been informed of the conversations overheard among the patients, when some would say: "A doctor who prays!" "How beautiful is that book from which he reads!" and many other favorable observations. I have found abundant evidence among more than a hundred thousand patients, during twenty-eight years, of the desirable effects of deporting oneself as a doctor in a most natural and Christian way among his patients, not hiding his intense feelings of love for Christ, and his confidence in Him as the one great Healer, talking with perfect freedom and prudence among his patients in the dispensary, in the hospital, in their homes, in his private consultation room, and everywhere; speaking of Him in a rational manner, and of the things of God as they were conceived and described by Christ himself, as well also as of the things of the true Christian life. These conversations so far from prejudicing his acceptability as a doctor among the sick, on the contrary greatly increase their confidence in him.



V.

THE SUPPORT OF THE MEDICAL WORK.

THESE could be no such question as this in relation with the work of CHRIST and his apostles; because, as is well known, they healed by the power of the word of faith, and that instantly, miraculously, and without money having anything to do with the operation; but it was not so with the healing done by the Good Samaritan, whom Christ commended; and his healing furnishes us the model for the work of our day. The work done by Christ was limited strictly to those who had faith and to such cases as would be influential, either in the person healed or in those who observed the healing, in bringing them to believe in Christ and to become his disciples.

Dr. James L. Maxwell, the veteran apostle of medical missionary work in our times, makes this most plain in a series of articles which he published lately, and which, by his permission, we will reproduce at the end of this volume, in which he calls attention to the great restriction which the early healing suffered, notwithstanding its being miraculous in character. He calls attention to the fact that the healing administered by the disciples, after Christ's ascension on high, were not available to everybody who needed healing. For instance, Paul could not cure himself, nor could he relieve Titus, nor Epaphroditus, his beloved disciples and collaborators. He also calls attention to the fact that the healing practices in those days consisted of a few thousand cases, whereas in our day, working on the style of the Good Samaritan, people are being healed by thousands the of millions, and there is no limitation thereto, because the man who has no faith is healed, as well as the man who has faith, and the gospel laborers can be healed as well as anybody else, and the work does not consist simple in healing diseases, but also in avoiding them by means of hygiene, immunization and many other marvelous ways which Christ is revealing to us more and more from day to day, and the end of the present Christian work of healing is the

abolishing of disease entirely from among men.

As Christ has retired from us the first form of healing which He established among his followers and has commended to us the second form of healing, that of the Good Samaritan, there arises this new question of how to support it, for it is by all means the most costly of all the labors which He has placed in our hands.

We at once note that, in the case of the Good Samaritan, the wounded man paid no part of his expenses whatsoever. He was a Jew who had fallen into the hands of highwaymen, who beat him almost to death and robbed him, which is evidence that the Jew was not a pauper. It is possible that he possessed something worth considering, or otherwise, why would they have beaten him nearly to death in order to rob him of nothing or almost nothing. It is also probable that he was a man of some little intelligence and social position, for those who understand the ways of highwaymen know that they are especially afraid of being accused and brought to justice by such people, and are much more severe with them. The humble or the ignorant would not raise any protest or go to the court about the matter, however badly they had been treated on the highway. There is, therefore, much reason to believe that this

man, a little later, when he recovered and got back home, could have remunerated this good Samaritan, not only for all that he expended on him, but for his labor and kindness, which was well worthy of remuneration; but it is clear that he did not pay a single cent, but that the whole expense was made by his benefactor in the case, who used his own wine and oil, pouring it into the wounds, using his own bandaging which he was carrying with him in an enemy country to use upon himself in case of an accident. He mounted the wounded man upon his own animal and took him to the inn, where he paid the innkeeper, and on departing left more money with him, and offered, on his return, to pay anything the innkeeper might spend beyond the amount deposited in his hands. This is the kind of healing that Christ commends to the doctor of the law who was inquiring of him what he should do to inherit eternal life.

Now let us examine the medical work which the church is doing in our homeland and see what steps it is taking to try to pay the expenses of the same. In order to construct hospitals, the public gets together thousands or millions of dollars and constructs great palaces where they may themselves be healed, in case of accident or sickness, as well as in which to

heal others who need their help. While these moneys are collected from everybody that is willing to give, it is clear that the members of the church ought to be the most ready and willing to give for the construction of these hospitals. Thus far, it would seem that the church is imitating well the example that was set by the good Samaritan in the matter of who should pay the expense of this work. On the other hand the patients who are healed in these hospitals are generally required to pay an amount of money sufficient to cover all the expenses incurred in the work, and some of them are charged more than enough, so that what is over may be used in the healing of the comparatively few poor who are being attended there. It is thus with the hospitals in the home land, but it is quite otherwise on the mission fields. In the home land these patients have also to pay their own doctors. It is sometimes arranged that some of the doctors who are earning good money with the rich patients in the same hospital should prescribe or operate gratuitously such poor patients as cannot pay. As for the employees of the hospitals in the administration, or nursing, or other work, they are generally supported from what is paid by the rich in excess of the cost of their own treatments. Most of the protestant hospitals in the home-

land receive a comparatively small part of their expenses from the collections which are gathered up in the churches on Hospital Sunday in November, but it is usually understood that this money is to be especially applied to the cost of the care of the poor who are treated in these hospitals. It would seem that, in all this discription, the only part of our financial method which is similar to the example of the good Samaritan is that part of the support of the poor which comes from the collections taken up on Hospital Sunday.

If now we turn to the evangelistic hospitals, we will find that they exist for the most part in mission lands, and that, in the matter of their construction and equipment, they follow the method already described to some extent. These hospitals are usually constructed by some missionary society, or, in a few cases, both in the foreign and home lands, we find them built by some rich or charitable persons, or by subscriptions taken up among many people. As to their operating expenses, we find that the homeland generally supports a medical superintendent and perhaps a few others of the laborers. But in the majority of the cases of the evangelistic hospitals, we find them almost continually under the greatest financial stresses, some times with regard to building,

and nearly always with regard to the support of the large numbers of the poor who are attended there. Sometimes local subscriptions help, both in the building and in the support, but frequently a great, if not the greatest, part of the support of the work among this multitude of the poor must come from the professional earnings of the salaried physicians and nurses working therein. There is a great difference between these hospitals and the ones first described in the matter of the proportion of the rich and the poor they treat. The so-called philanthropic hospitals treat many of the rich and few of the poor, whereas the evangelistic hospitals generally treat many of the poor and but few of the rich. If great efforts are made in the homeland, where the churches and the public bend themselves to their utmost to help these philanthropic hospitals to cover their expenses, what must be the strain upon the medical missionaries, who are without this help and whose hospitals are so much more difficult to support than those at home, because of the tremendous difference in the proportion of the rich and the poor present. Let all of my readers note, at this point, how great is the temptation, to which their missionary doctors are subjected, to lessen the stigma of evangelism in their institutions in order to increase their

favor with the rich and fanatical, and, so-doing, increase their income from earnings!

Therein lies a great danger and a great responsibility for the doctor who directs the institution, and, not only for him, but for the church which he represents which has as much obligation to "send" as he has to "go." As there are very many members in the churches to send him, so much the greater is their responsibility to see that their *sending* is sufficient for the proper care of the poor, who, after all, both in Christ's time and ours, receive the gospel the most readily.

Let us again turn to our comparison with the Good Samaritan. So far as we know, he treated only one person, but, as his act was born out of a good heart, it is probable that he healed other people, one at a time, as often as he had opportunity. But let us notice that he healed only *one person*, and let it also be observed that the means (oil wine, etc.) which he had to use for this work of healing was exceedingly small and inexpensive as compared with what the medical missionary of our times has to use.

But the medical missionary of our time has to heal in the name of the church a hundred, two hundred or a thousand people at one and the same time, and all the time. Some med-

ical missionaries serve twenty different patients every day and others see a hundred or more. As he sees many of these patients but once a week, and sometimes only once a month, the number of different people he is treating simultaneously may run as high as one or two thousand. If we turn our eyes to some more modernized country than India, China or Africa, where a large work of this kind is being done, a country like Mexico, for example, where we have to do a great deal more for our patients than would be required of us in the center of Africa, we will still find the medical missionary treating simultaneously from one to five hundred people. How can it be thought that the church should turn loose their medical missionary to work like the good Samaritan. The good Samaritan did not represent any church; he represented himself alone, and it was enough that he should care for one patient at a time, because it was utterly impossible for him to attend to a great number at once. But the medical missionary is not representing himself alone, but the church and its thousands of "senders." Behold how great a wrong is done him, therefore, when the church sends him without providing the larger part of the money necessary for healing the multiple thousands in the name of God. If all the mem-

bers of the church, including the medical missionary himself were to give to this work proportionately, it would be more reasonable. Then the medical missionary would have to take out of his pocket enough money to cover the healing of one different person every day, and from one hundred to two thousand different members of the church would furnish each the means for caring for one. This would be something like equity. Where is the square play when the church is simply giving permission to the medical missionary whose personal support it provides for to do the great work in the name of the church on the condition that he himself find some way to meet the immense expense it always entails? and this is exactly the condition of things in the life of many medical missionaries and the church that stands behind them.

It is perfectly clear that in our days we can not heal the sick in the name of Christ without the use of money, and, in the second place, it seems perfectly clear that it is not right to leave to the medical missionary the task of seeking the larger part of the money. We will therefore take up this question and study, still more in detail, what is being done in the matter of supporting or securing the support of these nearly one thousand medical centers of evangelization on the mission field.

In India and China and in some other centers of medical activity, we find much work based on the principles that no patients, either rich or poor, are to be allowed to pay for the services or medicines furnished them. These consecrated missionaries interpret the words of Christ, "Freely ye have received freely give," as applicable to their work. They say to the rich and to the poor alike that their services are gratuitous to all, that, as they are inspired by the love of Christ and labor in His obedient service, their services are given to all sinners alike, without any charges being made whatsoever, or money being accepted as *pay* from anybody. As their work is extended to multiple thousands, it matters not how cheaply they do it, it occasions a great expenditure of money; so these missionaries explain to their friends and patients that those who love Christ, in the countries from which they come, furnish them money with which to do this healing as a work of piety in the service of God and of His Holy Son, and that, if their friends and patients wish also to give something to the work, (but not to the missionary workers) to help carry forward a still larger work among such multitudes of the unfortunate for whom so few seem to manifest any care, donations would be accepted from them. Many of their rich patients,

and even of other rich people who simply observe this excellent service given away, make many donations in most of these countries and thus augment the possibilities of the work.

On the other hand, there are many of the missionaries in all parts of the world who think it is better that all, even the poor, pay as much as they can, in accordance with their financial circumstances. In some of the dispensaries, a ticket of entrance is sold at less than one cent of our money. Where the poverty is less excessive, it is customary to charge from ten to twenty-five cents for each ticket of admission to the dispensary, where the patients receive all the services and medicines they need without any further charge.

It is also the case that many medical missionaries, finding themselves in such financial straits all the time for the lack of a larger amount of money than their home church furnishes them, undertake and carry forward the largest and most remunerative private practice they can secure, collecting therefor good prices, but not exorbitant, thus providing themselves some of the funds so sorely needed. A few others of these medical missionaries, finding themselves possessed of special talent as solicitors, seek and secure large sums of money from among friends and acquaintances, and thus increase the possibilities of their work.

But, in all this, there is a great injustice done to the medical missionaries, because in any case it is but a repetition of the wrong done to the Israelites by their Egyptian masters when they were required by them to turn out large stunts at brick-making, without being furnished the straw necessary in the case. The experience of hundreds of these missionaries has demonstrated this lack of cooperation on the part of the home church to an extent that, in many cases, has greatly shortened their lives. Even here in Mexico we have had a number of sad illustrations of this rule, because some who have been successful in reaching large clientels have soon worn themselves out to such an extent that they succumbed to some disease and speedily their precious souls fled to the better world, and their bodies descended to an early grave.

Can it be thought that these are the methods Christ wishes us to follow, unless it should be for a short time only, just long enough to convince the church of the excellence of this method of labor, so preferred and practiced by Christ himself and His apostles, and to thus persuaded it of its obligation to furnish the money, not leaving the laborer on the foreign field to carry burdens which were meant to be equitably divided between him and each and

every member of the church from which he comes? It is doubtless the duty of the medical missionary to "go," but not more so than it is the duty of the home church to "send;" and this must certainly mean that the home church must furnish the money, not only for his travel and personal support, but for the carrying on of the work that God may place in his hands, providing all the money and fellow laborers that may be necessary for doing all the work God brings within his reach.

Many of my readers will have heard exhortations of their pastors to contribute with their "mite," or "grain of sand." As Christ did not manifest His love for us on the style of a "mite" or a "grain of sand," it would be a mistake and a lack of proper appreciation of so great a work which He did in our favor, for us to make reference to what he has done for us in these trite terms, as if His service had been rendered to us with His little finger, instead of through the consecration of all the powers of His mighty being. The work of our salvation occupied His whole body and all His intellectual and spiritual powers. After He had served us in this whole-souled way, He delivered into our hands the continuing and finishing of this great work for the salvation of the remainder of our race. If the powers of Christ, which were di-

vine, had to be invested in their totality in the so-difficult work of our redemption, how can we justify our participation in its continuation under such a figure as that of a "mite" or a "grain of sand"? If it needed such a great consecration on His part to save a few hundreds or thousands in Palestine, how can we compare ourselves with Him, or believe that we are truly continuing the carrying out of His work, with such a minimum participation in it?

The teaching of Christ is that we are not saved *simply* for our *own benefit*, that is to say, that Christ's interest in our salvation does not consist wholly in the benefits that come *to us* on our being saved, but His interest in our salvation also involves His love for the rest of the race, whom He would save *through us*; or expressing it in other words, one is not yet saved who has not been cleansed of his selfishness and indifference with regard to the well-being of others, up to the point of enlisting his sympathy and solicitude on their behalf, on the style of that to be observed to have existed in Christ Himself, our great Exemplar. In the fifteenth chapter of John, Christ expresses it in these words: "I am the vine, ye are the branches, and he that abideth in me and I in him, the same *bringeth forth much fruit*. So shall ye be my disciples." *How* shall we be disciples of Christ?

BEARING MUCH FRUIT. For sometime of late the church papers have been bringing much news of how this doctrine is being applied in Korea. They are adopting the method of not receiving on probation in the church any person until he shall have first brought four people to Christ, and, after that, they require him to remain on probation until he shall have brought another certain number, considerably larger. Thus they judge whether the applicants for admission to the Church are really true disciples of Christ, *producing much fruit*, before admitting them; otherwise they might turn out to be only *rice Christians*, as they are called in the orient, simply those who would seek some wordly advantage in the church, instead of those who have a real interest in the *service* of Christ.

It is the duty of all to testify of Christ with their mouth and to "persuade men to be reconciled to God for Christ's sake". And, as it is our duty to be *wholly* consecrated to God, we have to serve Him not *only* with our mouth, but also to take Him into *partnership with us* in the possession and use of our (His) goods, that is to say, our money. Every one who earns money is under obligation to divide this money, setting apart a portion of it for God, dedicating the rest to his own support and that of those who depend upon him. That which he dedicated

to God must be applied in such a way as to produce the greatest possible conversion of souls. The church which receives this money dedicates it to the support of its pastor and other local Church expenses, the education of our Christian youth, and the *medical work*. Our medical work is much the most expensive of the three departments of our Church activities. This *Christian doctrine* is growing more and more in the consciousness of believers everywhere in our times.

During the time of the apostles and their immediate successors, the Church received comparatively large amounts of money. In the literature of primitive Christianity we read everywhere that after supporting the pastor and local church expenses, there remained over in the treasury of the church such amounts of money that they were able to maintain all their widows and orphans and dependent people of every class, including multitudes of the persecuted. The first Christians, being Jews, were accustomed to support their Church with the greatest of generosity, giving from two to three tenths to its support; for in this, they seem to have reached the highest perfection before the coming of Christ. They were accustomed to give one tenth directly to the Levites for the support of them and their brethren, the

priests, and the second tenth was given for the maintenance of the great feasts in Jerusalem two thirds of the years, whereas one third of the years, this second tenth was laid up in their homes, not to be used by themselves, but to be given to the poor. Whenever these Jews became careless about paying to God the part of their income which belonged to Him, He did not acquiesce in it, but, through His prophets proclaimed against them in the gravest manner, requiring that they should strictly do their duty in this respect. God did not ask for "grains of sand", or "mites", but commanded them to support His work with tithes of all their income. When they failed to do so, He used no smooth language about the business, but declared that they had "robbed" Him. If any of our readers do not feel sure about our being correct, we would beg of them to read the following words:

"All the tithes of the land whether of the land or the fruit of the trees is the Lord's; it is holy unto the Lord." Leviticus XXVII.-30.

"And concerning the tithe of the herd, or of the flock, even of whatsoever passeth under the rod, the tenth shall be holy unto the Lord". Leviticus XXVII.-32.

"Even from the days of your fathers ye are gone away from mine ordinances, and have not kept them. Return unto me and I will return

unto you, saith the Lord of Hosts. But ye said: Wherein shall we return?

"Will a man rob God? Yet ye have robbed me. But ye say: wherein have we robbed thee? In tithes and offerings.

"Ye are cursed with a curse; for ye have robbed me, even this whole nation.

"Bring ye all the tithes into the storehouse, that there may be meat in mine house, and prove me now herewith, saith the Lord of Hosts, if I will not open the windows of heaven, and pour you out a blessing, that there shall not be room enough to receive it.

"And I will rebuke the devourer for your sakes, and he shall not destroy the fruits of your ground; neither shall your vine cast her fruit before the time in the field, saith the Lord of Hosts." (Mal. III-7-11.)

"Woe unto you, scribes and Pharisees, hypocrites, for ye pay tithe of mint and anise and cummin, and have omitted the weightier matters of the law: judgment, mercy, and faith: *these ought ye to have done*, and not to leave the other undone." (Matth. XXIII 23.)

We feel confident that after a little time, so soon as we shall have been able to better the general understanding on this subject, all true Christians, when instructed in what God expects of them, will begin to comply there-

with strictly in financial matters, and will put to flight all our present and past difficulty in regard to the support of the medical work; for they will make money to abound in the church treasury, so that there will be money above the support of the local church expenses and the needs of education, a plenty to enable this great and very expensive part of the work (the medical) to be carried to the uttermost parts of the world with great rapidity.

When my wife heard me say how many thousands of words I was writing in this chapter on "The Support of the Medical Work," she said: "Why are you writing so much on this phase of the subject?" I answered: "Simple because the support of the work is the key to the whole situation". The time is now far past and gone in which intelligent and well informed brethren doubt, for a moment, the indisputable benefits of this kind of work for the cause we have in hand. When the subject is duly examined, one cannot but feel in his soul that it is the will of Christ that we should redouble our energies and re-consecration to the better development of this department of our work. For so long a time it had been everlooked and almost forgotten! As soon as we are convinced of this need and set about to do anything to remedy it, we come

up with the immense difficulty of the lack of sufficient money. During the century in which this work has been taken up again by the church of God, it has remained in infantil form, with the apparent risk of finally developing into nothing better than a dwarf. If this department of our work can secure sufficient money, it will then *also* be able to educate a sufficient number of *Workers*, and all the world about us will rise up and welcome this most popular feature of Christianity, will rejoice with us and praise every step of its development. For these reasons it becomes absolutely necessary that we should seriously study the question of its proper support from every point of view. From what sources and in what way shall we therefore secure this sufficiency of money?

Allow me to present you here a cutting taken from the Christian Advocate of New York:

"The Advent of the Adventist.

"The Adventist General Conference was organized in 1863. This organization consists of 3,817 churches, 109 mission fields, 126,879 members, of whom 17,438 were baptized in 1915. In this same year, they contributed to the support of evangelistic work and its in-

stitutions the sum of \$37.01 per member, \$9. of which were dedicated to foreign missions; while the other protestant bodies give an average of 81 cents per member."

This is a new denomination with only 3876 churches, the majority of which are poor in comparison with the churches of the Episcopalians, Congregationalists, Presbyterians and Methodists, who have existed for generations and have had time to grow in numbers and riches under the blessings that God pours out upon them who love and serve Him.

These churches have an average of 35 members each, giving them an average income of \$295.35 per year. It is probable that not over 3,000 of their ministers, and possibly a less number, are devoted to the pastorates, while the others are in charge of other kinds of work; for these small churches are often united in circuits of two or more, served by a single pastor in charge. Counting three thousand pastoral charges, we would have an average income per year for each circuit of \$1,678, and an average of 45 members per pastoral charge, giving an average of \$405, given for foreign missions by each charge. A large part of this \$405 is devoted to the medical work, for this departament of the work is a special favorite with these Adventists. Of

the \$1,273 that remains, it is probable that at least another \$9 a member, or \$405 more, are devoted to medical work within the United States. In another chapter we will call your attention to the extensive work that this denomination is doing in the United States, because it is the leader among all the denominations in this respect. There are two explanations of this difference in the denominations; one is that these Adventists are more convinced that the Medical Work both at home and abroad is one of the parts of the work which Christ most desires us to perform in his service. The second is, that they accept the doctrine of the tithe, as one of the cardinal doctrines of their church, and that they teach it and expect its fulfillment on the part of all their members. It is very instructive to study the results of the tithe in this church. If they contribute \$37.01 for each member, calculating that they have at least three members for each family represented, we find that each average family has an income of \$1,110.30 per year of the which the treasury of the congregation receives \$111.03.

Another thing that we should take into consideration in this study is that, in every church, there are some drones, that is to say, some people that do not do their duty, but leave

the burdens to all their fellow members, a thing that is most unworthy and sad to have to mention in relation with the church of Christ, when He gave us the example of the utmost sacrifice of himself in the behalf of others, and not of seeking his own commodity and ease. Taking into account the existence, even among the Adventists, of some of this kind of people who are negligent of the fulfillment of every duty in the church, it makes it probable that each of their contributing members have given at least \$50, or say \$150 per family annually.

It is interesting to note that, though this denomination is new and poor as yet, in giving \$4 per capita, instead of 81 cents as the other denominations average, it is giving eleven times as much as its rich neighbors: the Methodists, the Presbyterians, etc.

They have the key to the whole situation. They are making themselves "rich toward God." Is it possible that we are securing for ourselves the position of those whom Christ describes as "treasuring up for ourselves?" (See the words of Christ in Luke XII.-21.)

Imagine, if you can, the 4,000,000 members of our denomination giving \$36,000,000 a year for foreign mission and distributing it as follows: \$12,000,000 for the pastorates, \$12,000,

000 for the schools, and \$12,000,000 for the medical work.

But we can do more than this, for, as we have said, our denomination is older and richer than the Adventists with whom we are making the comparison.

What Shall We Do?

Now it is probable that some will ask us "What shall we do that from now on we may begin to support the medical work better?"

1. Before action comes suggestion. Who can undertake anything without first being impelled by suggestion. There are two methods by which this desired suggestion comes. One is by the slow development of the purpose, as it comes through the observation of the medical work which has already been established. This influence has been exercised over those who see what it is doing; and, being pleased with its character and results, feel the impulse to go and do likewise. Another method is the public discourse and the public press.

In the course of a century, depending chiefly on the first method, we have seen the number of its missionaries grow from one to a thousand. In 1852 their number was 13 Europeans and perhaps as many more Ameri-

cans. During the past years the rate of increase has been much more rapid, and especially during the past twenty years. This is due mostly to the public press which has taken the matter up during these later years, and to the fact that many medical missionaries are now speaking from one end of the land to the other, scattering information concerning their work.

Dr. Dowkont for sixteen years published the "Medical Missionary Record" in New York and, after that, continued to publish it in Battle Creek and since then it has been published by other people for perhaps nearly as many years more. The medical Missionary Society of Edinburg has circulated its important publication for two generations, another is published in Tübingen, Germany, another in Shanghai, China, still another, a most important publication of this character, in Pokhuria, India. Two others come from London, Eng. For twenty five years we have been reading all of these with the greatest interest. One peculiarities of these publications is that not over two or three of them are denominational. Every other interest of the denomination is advocated by a great number of periodical publications, while the medical work has been left, in most cases, without any special organization, or any

periodical representatives. Our denomination has a number of important missionary publications, apart from the denominational weeklies and monthlies which represent the other interests of the church. There are perhaps twenty publications that represent the general interests of the church, but not one dedicated to the interests of the medical work, and this, notwithstanding the fact that we have something near a hundred doctors, besides many nurses, on the foreign field, sent there from the United States. For this reason it is urgently necessary that we should have a publication of this kind as widely circulated as is possible, that we may bring the power of suggestion to the church.

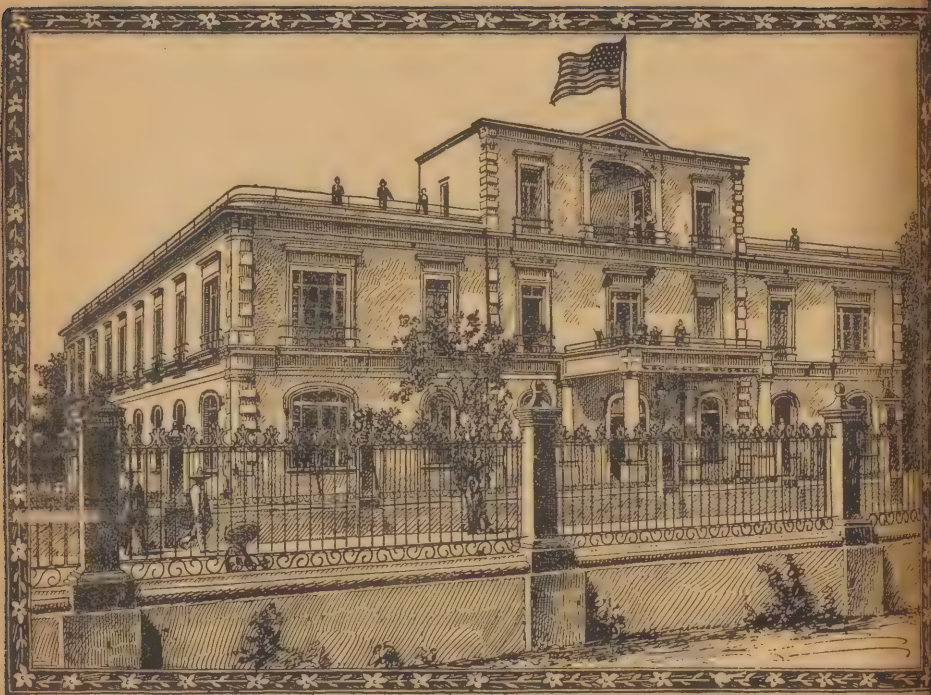
2. After suggestion, action. As we are now talking of the support of the medical work, it is proper to suggest something practical along this line. The smallest thing that can be done is to have all our churches begin to observe Hospital Sunday in November, remitting the proceeds of the collection to the nearest-by denominational hospital. This Hospital Sunday collection might serve us as a beginning, it might be the thin edge of the wedge, but how useless would be the wedge if it were all as thin as the edge by which it enters. It is necessary that our medical work

have a great deal more money than hospital Sunday can produce. Many of our churches all over the world do not raise enough money to decently support the pastor and the local church expenses. The only remedy of this cause of our utter impotence in the work of God for the salvation of the world, is the teaching of our people to rightly divide their income. Let them be taught to divide aright, and then "their countenances" will not have "to be fallen," as in the case of Cain, before their Judge Edernal, nor will the poverty and slowness of the work of the evangelisation of the world be longer a reproof or Christian faithfulness, as during so many centuries past. As God said to Malachi: There will then be "meat in mine house;" abundant funds with which to give, not only a decent support to the local enterprises of the church, but an abounding sufficiency for the healing, evangelizing, and proper education of all the heathen world. All this doubtless means our return to the tithe, the offering of first fruits and other sacrifices and offerings. The advance of the cause of God throughout the world depends upon us: God has spoken, He has done his part and now is awaiting our response.

3. We also need to learn to be fair and just in the distribution which we make of the

income of the Church. After we have obeyed the injunction of Malachi, and made "meat" to abound in the House of God, it is then necessary for us to learn to distribute these monies in a way most pleasing to our Heavenly Father. It is evidently not pleasing to Him that the whole income when it is large, should be expended chiefly for a fat pastoral support, and a costly choir, or a succession of tearing down and building larger and more costly churches, and such other things as can but mean increase of luxury in church affairs. In our times there begin to be people who believe that once we got the churches to what might be called a normal income, based on tithing, only a fraction of it should go to local running expenses, while the major part should be expended on education and medical work at home and abroad.

It is difficult to foresee what the proportion will be in the division of the church's income when we shall have come to the day of perfection. Should there be such a thing as a coming millenium, of which many think and speak, there may be no more sick then, and none will need healing: but for the present, in a world full of sinners suffering the gravest of infirmities, it seems not too much to desire that a third of the income of the church should be expended upon Christ's work of healing.



The Guadalajara (Mex.) Sanitarium. 1899-1907.

The ten Medical Missionaries who were present at the Guadalajara Convention in 1905.



THE BACK ROW:

Mrs. Dr. Alice M. Swayze,
Then: Adventist Dispensary
in Guadalajara.

Dr. Paul K. Gaston,
Guadalajara Sanitarium.
Now: In Private Practice,
Pratt, Kansas.

Dr. R. Lowell H. Wilson,
of Good Samaritan, Gto.
Now: Practicing in the U. S.

Dr. Charles W. Foster,
of the Good Samaritan in
Guanajuato. Now: Dispensary
in Guaqui, Bolivia.

Dr. Rufus W. Hooker,
Dispensary, León, Gto.
Now: In the U. S.

THE FRONT ROW:

Dr. J. W. Erkenbeck,
Guadalajara Sanitarium.
Now: Private Practice in
San Diego, Calif.

Dr. A. Allen John,
Sanitarium, Cuautla, Morelos
Now: Practicing in Chicago.

Mrs. Dr. Katherine Neel Dale,
Then: Hospital and Dispensary
in Río Verde, S. L. P.

Mrs. Dr. Marguerite G. Cartwright
Methodist Dispensary, Leon, Gto.
Now: Private Practice in
Albuquerque, New México,

Dr. Levi B. Salmans.
The Good Samaritan, Gto



VI.

MISTAKES TO BE AVOIDED.

IN every department of church work in all the centuries, great mistakes have been made, even by the most sincere Christians, and that just at the moment when they are striving the hardest to find the best methods for doing the work which Christ has commended to them. During the past century the Church has been experimenting with many methods in the use of healing, reaching great triumphs in most cases, notwithstanding the fact that they sometimes find errors to be corrected, the which are known to be errors by the poor or evil fruit they bring forth. All that which produces good fruit is carefully conserved, while that which is useless or prejudicial is eliminated. It is not our purpose to point out all the errors into which brethren have fallen but simply to make reference to some of them, especially some that

have relation to the support of the work. To make our position clear we will begin with a digression.

While a denomination has but a little of this kind of work established, and but few people have become skilled therein, it is not so easy for them to have a formidable organization, suitable to this department of its work. With so few people occupied in the medical work on the foreign field or at home, the Home Office would perhaps hardly be able to have at once a secretary skilled in medical matters, with a Board also especially skilled in this line of work, and it might not immediately have a lot of rules and regulations, and be able from that Office to control all the institutions on the far off fields, down into their details. All the Boards when they begin this kind of work have the Home Offices and the Home Board made up almost exclusively of ministers and laymen, who oftentimes know entirely too little about this branch of the work to be able to take the intimate direction of it. They are compelled, therefore, for a while at first, to select the most Godly doctors they can find and send them to the field, and, with but little instruction on the subject from the Home Office, these doctors arrange and carry on their work the best they can, until such time as they acquire greater

experience, when their skill increases. Some of them will make a downright failure, others will be lame in some respects until the end of their days; while others will have developed into model Medical Missionaries; and this is the kind of history we have been making for a hundred years. But after a century of extensive work on the part of the totality of modern missions, it would be strange indeed if we had not developed in this time some general principles for the control of our work. Exactly this has been done. There are some things, therefore, which, to the well informed, it is perfectly clear, we should do, and others that we should avoid doing in any and every center of medical work established in the name of the Church. We will set down just a few of these points, as this first century seems to have demonstrated their utility and needs to the judgement of the writer.

1. The church should assume the support of the work. Why should the church not assume the responsibility for the support of this department of its work, just as it does in the case of the schools and the pastorates? It might be claimed in the case of the Boards that are just beginning this kind of work that they were led into the adoption of plans which lifted from their shoulders the obligation to furnish its

full proper support because of the lack of knowledge or previous experience in their particular Board. But other Boards have been working for a hundred years, and although not very much has been published concerning what they have done, there is enough accessible, if it were carefully sought out and studied, and there are enough people among the thousand Medical Missionaries living and working today, were they carefully and closely consulted, to enable these denominations who are taking up this branch of work for the first time, to begin on a right basis and to enable all the old ones that are still working more or less on the same basis they began on when they were also new, to correct their past mistakes and inefficiencies. Lest any should think that our treatment of this subject is larger than the case warrants, bear with us while we state a few of our observations made here in Mexico, and they are entirely paralleled by observations made in many other countries.

One of the most highly respected of our denominations sought out a Godly physician among themselves, who is an able man also, as is proved by the fact that, since his retirement from this field, he has served as lecturer in certain post graduate medical colleges in Chicago. Giving him but a meager support

for himself and nothing for the work, they insisted on his securing from medical practice all the rest of the funds necessary right on the field. After several years of struggling along, he went home to try to have his denomination correct this error and put in his reach the medico-evangelistic possibilities that only more money would secure. Not being able to secure from his Board even as good support for continuing the work as he had before, and being unwilling to accept their view of the case (which was, that his several years of sacrifices had now raised him up a considerable income from earnings and that from that time on, he should accept only \$25 a month from the church toward the whole cost of the maintenance of himself and the work.) he retired from the field.

This is by no means the worst sort of case we have known, for we have observed numbers of cases in which young men graduating in medicine have been persuaded to come to this country to undertake to do medical missionary work without even having their traveling expenses paid, much less a salary, house rent, provisions for medicine, helpers, or any other expenses.

Doctors coming to a mission country on this plan have sometimes felt that the first thing they ought to do is to secure for themselves a certain

prestige with those whom they would serve, and from whom they would receive the large sums of money they would need. We have seen cases where this was undertaken in Mexico by medical misionaries who fell into the temptation of not letting their missionary character be known until they should first feel themselves safely introduced into a lucrative practice. In the cases where they really succeeded in this, they have found themselves in a worse difficulty than the one with which they began, that is to say, the difficulty of revealing their true character without destroying this lucrative practice. Nearly all of these doctors who have themselves undertaken to carry the whole financial burden of the support of this work in Mexico have found that, with the difficulty of learning the language, of ingratiating themselves with the society which surrounds them, of finding patients to heal and money which they can earn,—sufficient money to pay all their expenses—that there were more discouragements than they had anticipated, and so they gave up and retired from the field; some going back to the homeland to set up a secular practice and others taking up the missionary work under other auspices, either here or in some other country, with a missionary society behind them, bearing the expenses.

Now, a second danger is that, where the Home Boards do not give a sufficiently ample support to their medical workers, they bring them under a temptation to do far less for their patients than they know how to do, and are in bounden duty to do, would they honor their Christ in the highest possible degree. They are tempted to buy very cheap medicines and to give very little of them, and to greatly limit their work in various ways.

We know of other cases in which the home, board and washing, and \$1, a day was allowed for the doctor, and, where his wife was medically educated, and gave herself up wholly to the work, a dollar a day was allowed for her also, and they were asked to make the work self-supporting. These undertakings also came to an end.

Because of the difficulty of the lack of sufficient money from the homeland, there is an occasional doctor who, under the impulses of strong piety, says to his church: "Commission me. I will go as a medical missionary at my own expenses, without its costing you a single dollar. I will earn professionally all the money that is necessary for my support and also for the support of the work." If it were possible to carry out this plan, there would not be so much difficulty. But this zealous servant of God will soon find that he

cannot carry it out successfully, because he will find need for far more money than he can possibly earn. Whereever he goes he will find the secular doctors, who are his competitors, simply collecting enough money for their own support, while the medical missionary needs a great deal more than simply his own support. He needs the support of a dispensary, and following that the support of a hospital and nurses school; and how shall he secure a proper edifice with a modern equipment, something which has come to be exceedingly costly in our day? How shall he be able to employ the large numbers of persons whom he will need for the carrying out of such an altruistic enterprise, to which the poor will flock, as flies to honey. Then it should be remembered that mission lands are far and away poorer than the homelands, and cannot, as they, support such great institutions for healing. Foreigners abroad cannot be depended upon for such large support and the rich natives are not very accessible at once, for many reasons. There have been a few doctors of unusual ability, who meeting with a series of extraordinarily favorable circumstances, have soon attained to a high degree of success; but this has been generally at the cost of the loss of their own lives from over-work in a comparatively short time.

The highest number of medical missionaries that have worked simultaneously in Mexico is 21; the total number of those who have worked here during the past 28 years is about 50, and there have worked with them some 75 trained nurses which they have brought from the United States, besides some 8 or 10 other people of good training to aid them in other capacities; and, then, they have had in their circle and under their training as nurses, something like 100 refined and well educated Mexican young women, besides some 200 others, men and women, of less training. They have sent to the United States for training nearly 100 young men and young women, some to study medicine and some to study nursing, all with a view to building up a great medical missionary work in Mexico. Now all these splendid beginnings have come to the next thing to nothing, for only two missionary hospitals are open here at this moment (1919), and not even a dispensary is still open in any other place. Almost the sole reason for this sad failure for such a splendid arm of service has been the lack of sufficient money.

Our readers will see therefore that the past 28 years of experience acquired in Mexico, completely justifies our plea for the Church to

adequately support the medical branch of its work.

We are not led to make these statements through any desire to censure, but are impelled by the simple desire to scatter information, and to put within the reach of those who are beginning to interest themselves in this subject, the greatest possible amount of light within our reach, for it is only in this way that we can make the "lamp of experience light the pathway" for the future. It is only in this way that there is any hope of bettering things for the time to come. No one can say that we are shaming or disgracing the church in publishing these facts, for the church and everybody else always have learned just in this way, and there is a common saying, which we all know, that "we learn by our mistakes," and we have all heard that "wise men change, but fools never."

The medical work of the church is coming to be exceedingly popular. Its fame is being extended in the midst of all the Churches, it pleases all. Many churches and missions, and even ministerial or pedagogic missionary workers, everywhere, are trying on every hand to find some method by which they may undertake this work.

The time is most opportune, therefore, for

a widespread and intensified study of the subject, a correction of past errors, and the great enhancement of the aggressive evangelism of the Church by the proper financial habilitation of this powerful agency, joined to those we have formerly known and used.

2. In the case of persons whom we, as churches, authorize to heal in the name of Christ, we should not overlook the necessity of requiring them all to have a proper medical education. The civil governments themselves require this much, on authorizing anyone as physician, dentist or pharmacist, even prosecuting those who undertake to heal the sick by methods contrary to enlightened Christian reason. The Christian church is more nearly allied to the origin and development of the modern healing art than are the civil governments, and should be even more careful than they, in this matter. It is a pity, not to say a shame, that the Church should allow anyone to heal in its name after methods similar to those used in Lourdes, France. In our days miracles, incantations, witchcraft and the methods used even by the *ignorant* should never be permitted by the Church in its name.

In this connection seems to be the proper place to mention the efforts to be seen on the part of a large number of native brethren in

certain mission fields. They are among our most sincere and well intentioned ministers and teachers. They have seen the excellence of this medical work in the hands of highly educated missionaries, and so intense has been their desire to assure themselves greater success, working in this way, that, though they were not educated medically, they fall into the temptation to take up with what some call homeopathy, and which consists in what is found in certain very simple books published for the use of families, and not for professional folks, in order to give them directions for the taking of medicated sugar pills, and hardly pretending to go any further into the system of homeopathy than this practice which is said to be so "free from all danger." I would not raise my voice against the system of homeopathic medicine as taught and practiced in the United States, for instance. Medicine has long been classed as the "seven medical sciences," which have been enumerated as Anatomy, Physiology, Chemistry, Materia Medica, Surgery, Gynecology and Internal Medicine. Now the first six of these are said to be taught exactly alike in both the regular medical schools and those of homeopathy in the United States, and even "internal medicine" does not differ altogether and on

all points, in the two system. So these brethren study nothing of the first six medical sciences, and not enough of the seventh, "internal medicine," to be of any great value to them or to those whom they would serve. In Mexico there has never existed any homeopathic Medical College before the time of our present revolutions, and so these good brethren of ours were misled to think that the information found in these small books for the use of private families, formed a whole system of medicine, on the diligent study of which they could begin to do something for their parishioners and the poor people that surrounded them. Perhaps 30 native Church workers undertook this task. The result was that the people began to call them "doctor" and they allowed themselves to be so called. They at first made charges for the medicine, but most of them soon made these charges much larger than the cost of the medicine, and in a painfully large number of cases (perhaps half of them up to this time), when the earnings of these formerly faithful workers in the church came to be larger than the salary paid them by the mission, they gave up the church work and continued for the rest of their lives as secular practitioners of their limited knowledge of medicine. It was not difficult for the more

intelligent people of the communities to see that these Christian practitioners of medicine know far less than their secular professional competitors, and so, instead of honoring Christ and His church, they greatly dishonored both. Likewise the mistake of having no efficient supervision and allowing these brethren to carry on this practice and pocket all the proceeds led to the secularization of many of them. None of us who observe these past tendencies can but be in fear for the consequences to all of our ministerial brethren who are in whatsoever stage of study or practice of medicine on such a limited basis.

These observations during the past quarter of a century have fully convinced us that the church should allow no practice to be done in its name, nor by those its upports, without their firsts securing the fullest possible medical education, as also without their periodically accounting for all monies they receive from their practice.

3. Perhaps some one will inquire whether home remedies should be allowed. Surely every good thing should be allowed, while all that which is erroneous and false should be avoided, to this end endeavoring to convince brethren of their errors, and, when this fails, disowning their work in an effective way. Much of what

is called home remedies or domestic medicines is most sensible and correct, and is found among the things taught to the nursing profession. It is surely most desirable that everybody from the time of his youth should learn all he can about the principles of hygiene, and also how to care for minor ills in the home and how to judge when the ills of the family threaten greater gravity and require professional attention.

And what it is right that one should do for himself or for his own family, it is right that he should do for his neighbors; indeed it is his Christian duty to do all these things for those who are within his reach. This is exactly what the good Samaritan did to the Jew who fell among thieves, and he received therefor Christ's highest praise, when He commanded us to go and do likewise.

So there certainly can be no objections to the missionaries and the native workers, not medically educated, in the different missions doing for their families and neighbors, in the absence of doctors, everything within their power for the relief of suffering from disease and accident. But it is desirable and necessary that certain limitations should be placed on any excessive or extreme undertakings in this line. It seems to us that such persons should never be allowed

to compete even with the secular profession in a community. They should never allow people to call them "doctor," and it would be far better if no charges whatsoever were made either for services or medicines.

4. Whether the authorized medical workers of the Church should make any charges to their patients for their services, is a question of no little difficulty to determine. If the Church pretends to collect anything, it takes upon itself a great risk. If, on the other hand, the Church does all its work as gratuitously as the good Samaritan himself did it, all risk of its degenerating into a kind of a worldly speculation will be avoided, but, in that case, the weight of the financial burden which falls on the shoulders of the Church becomes very great. In the case of undertaking to collect anything from their patients, it is necessary to find workers possessed of good judgment and great mental and spiritual equilibrium in order to avoid their falling into temptations and practices which will ruin the value of the work for Christ and His Church. We should not forget that, in the opinion of some the best Christians of our day, nothing whatever should be charged for healing wrought in the name of the Church by the workers which it supports. All Protestants perfectly agree on the propriety of making

no charges whatsoever for the work of its ministers and for nearly all other work done by the representatives of the Church. A small charge is made in the schools of the Church, but it is understood that they should be small and, even in our day, the schools which are under the patronage of the State make a small charge, sometimes less than that required by the Church schools.

The dangers had in connection with the charging of fees are many, but there are two principal ones. The first is brought about by the fact that the church gives entirely too little money for the carrying on of this branch of its work, and the laborer, if allowed to charge, without rules or restrictions on the subject, finds himself tempted to insist on collecting so much that the poor, and even sometimes those in moderate circumstances, are unable to receive his services; and, should they make a great financial sacrifice, pawning all they own to raise enough money, the disinterest of the Church in healing them is in risk of disappearing from the sight of those served, and the medical missionary forces are in danger of being classed along with other secular practitioners of the medical art, whose end is worldly gain.

5. These and other mistakes on the mis-

sion field teach us the urgent necessity of the Boards taking proper steps for the *management* of this kind of work under a duly organized Medical Department in the Home Office, in the hands of practical medical missionaries brought back from the foreign field, after having acquired there a sufficient technical experience to develop a broad and matured understanding and skilled judgment in this kind of **work**.

The organization of this branch of the work along these lines has already been begun among the leading Mission Boards of Europe. About 30 years ago, the "Church Missionary Society" organized what they call the "Medical Missionary Auxiliary," giving it a Board of Managers made up largely of physicians, one, and later, two Corresponding Secretaries who were experienced medical missionaries, called back from the foreign field, having their own Home Office in London, and their own publication, "Mercy and Truth," and they were charged with the raising of funds, the appointing of their workers at home and abroad, and the management of all the affairs specially related with the medical branch of the work.

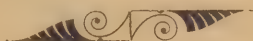
A few years later the English Baptists followed their example in every major detail,

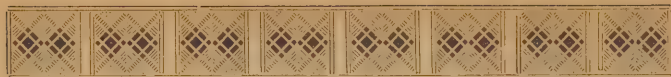
and since then similar steps have been taken by the "Society for the Propagation of the Faith," the London Missionary Society," and the "Wesleyan Missionary Society."

The Edinburgh Medical Missionary Society, organized in 1841, and the Medical Missionary Association organized in London in the 70's, both follow up the same lines, and probably to some degree served as models for the organization of these later Medical Missionary organizations.

With an organization consisting of such medical experts it would be possible to adopt rules and give a close oversight and direction to the medical work which otherwise is never pretended, nor would it be possible, in the hands of ministers and laymen as over-officers. With such a management, it ought to be possible in the course of time to overcome all the difficulties of which we have been writing. It certainly ought not to be impossible to adopt rules, under such circumstances, providing for the proper professional education of those permitted to practice medicine in the name of the Church, and to hinder others doing so. All speculating, or private interest in the earnings of the work, would surely be eliminated at once. In England, the money provided from the home sources grew rapidly on the granting of

an organization on the part of the medical profession itself for the carrying on of this work, and in these Centenary times in which we are living, when such enormous increases in the Church's missionary income are being provided, it looks as if the medical department of our work will surely become as well provided for as the other branches of the work. The question of fees charged patients would be able to be regulated, and, as an intimate professional oversight would doubtless be provided on the field also, as well as in the Home Office, all errors in this line could be at once observed and corrected. If an autonomous or professional organization for the carrying on of this work would not prove a panacea for all the ills it has suffered since its reappearance on the field of action in modern times a hundred years ago, it would at least put it on the same basis as the ministerial and other parts of the work, which are always entrusted *only* to those best trained and most skilled therein, and there would be none to doubt that the best possible plans had been adopted, which would be taking advantage of the axiom which says: "Well begun, half done."





VII.

NURSING AND NURSE TRAINING.

ON examining the work which the good Samaritan did with the Jew who fell among thieves, and comparing it with the work of healing practiced now-a-days, we find that it partook more of the nature of the work of a nurse than that of a doctor. This pious and humanitarian Samaritan came upon the wounded man by the wayside and poured oil and wine into his wounds and bandaged them up. Then he placed the poor man upon the animal upon which he himself was riding and brought him into Jericho, where he tenderly cared for him until the day he had to continue his journey, when he left a deposit of money with the inn-keeper and charged him to continue the treatment and care until he should return,

when he would pay all further expenses. Now the modern distinction between the practice which belongs to the doctor and to the skilled nurse, leaves to the doctor the examination, diagnosis, prognosis and prescription, while the handling of the patient and the treatment applied by the Good Samaritan are left to the nurse. It is true that according to our present practice in surgery the most serious wounds require the attention of the doctor, but it is to be supposed that this Jew did not possess any such grave lesions, and that he could have been attended perfectly by a modern nurse. If we are correct in our conception of the case, nothing above the services of the nurse was required in this case, unless it be a visit of the doctor to determine that there really was nothing more serious than we have supposed.

History points out to us the existence of hospitals and special places for the care of the sick many centuries before the Christian era, but it is only lately that clear distinctions have been made between nursing and the practice of medicine. It is also true that the practice of medicine was not divided into surgery and internal medicine until very recently. At the present time, the practice of medicine is divided up into at least twenty distinct professions. The first division made in the art of heal-

ing was probably the setting apart of surgery from internal medicine, the third part separated was probably pharmacy, the fourth nursing, and the fifth dental surgery. From that time surgery itself has been divided into many other fractions, and internal medicine has also been divided up, and even nursing, as we will see further on, is now being divided into a number of different and distinct professions.

In ancient times, and even until very recently, three classes of people have dedicated themselves to nursing. First was the aged, who have the most active sympathy with the sick and suffering and who, in the course of their life time, have learned much that they can do in the aid of all such. The second class of persons dedicated to nursing, was the humble, the low and the degraded, the unclean and those who could not find any other kind of employment. This was due to the inhuman feeling of repugnance entertained toward the sick, indulged to such an extent that others ceased caring for them, because they thought the employment low and humiliating. The third class dedicated to this kind of work was slaves, and this for the simple reason that they had no choice in the matter, and were commanded to do it.

What a sad commentary on the tendencies

of humanity. As religion is the corrective of these human errors, we find that in all nations, and especially in the Christian nations, the most pious persons are those most frequently found dedicating themselves to the care of the sick. The deaconesses, the nuns, and the monks, and after them the ministers and the priests have been directors of hospitals, and, in the better epochs of spiritual life, they attended the sick with their own hands, and only when pride and ambition entered, did they begin to employ servants and people of low degree to do this manual labor.

During the first centuries of Christianity, the deaconesses were very often found caring for the sick. St. Paul mentions Phoebe of Cenchrea, the port of Corinth. About the year 300, Fabiola, a cultured woman of Rome, built a house in which she cared for the sick. In the council of Nice, in 325, the work of caring for sick on the part of Christians is mentioned with enthusiasm. Paula, a woman belonging to the nobility of Rome, founded a hospital in Jerusalem in which she cared for the sick at the hands of woman of the nobility. The first large hospital of Christianity was that of St Basil, founded by him in Cesarea in Palestine, in the year 307. A little later Chrysostom founded two hospitaes during his

residence in Constantinople, and, among others, a rich woman called Olympia gave herself to the personal care of the nursing in both of these hospitals. About the year 400 there were said to be four hundred nurses in Constantinople. Many nursing sisterhoods were organized during the following, that is to say the fifth, century. During mediæval times one author says that half of the nursing came to be done by men, because of the prevalence of the idea that this work was not wholly adapted to women. Numerous brotherhoods, were formed specially for the care of the sick. Later these came to consist of both men and women, the former for the attending to men and the later for the attending to sick women. The Dark Ages closed in, and the doctrine of salvation by works caused many pious persons to seek their salvation by works of mercy, carried on among the sick. The wife of the Emperor Theodosius, the Great, following this idea, entered the hospitals of the church and there washed the feet of the sick, and did other humble works in the interest of her own salvation.

In the times of the crusades, this kind of labor was greatly increased. The most notable association formed in these times was that of

the Knights of Saint John. Though these hospitals were inspired by religious sentiment, there was a constant tendency toward degeneration, by the rise of pride and ambition on the part of the more intelligent, who, little by little, left the the care of the sick to the most ignorant, dirty and useless employees.

The most ancient hospitals of the world which are in existence today are the *Hotel Dieu* in Leon, France, founded by Clovis in the year 541, and the *Hotel Dieu* in Paris, France, founded by bishop Landry in the year 650. Poverty and other reasons increased these degrading tendencies in these hospitals to such an extent that we come to find from five to eight sick persons for each bed. We have read of one case where there were assigned to each bed a double number, one group to rest on the floor while the other was in the bed for half the 24 hours, when the other group would get out on the floor and let the first take their turn in the beds.

The darkest period in the history of nursing began about the year 1675. After this period it seems to have been forgotten that women of refinement and culture might care for the sick who are not of their own family. Nursing, in any scientific sense of the world, completely disappeared. For a century and a half or more,

in was only among the religious that there continued to be any interest whatsoever in the conservation of the knowledge of the skillfull practices used in taking care of the sick.

In apostolic times the deaconesses served the sick and the poor in the name of the church. This continued for about three centuries, but in the fourth century this began to disappear through the popularity of the monastic orders which occupied themselves with retiring from social contact, instead of devoting themselves to social service. From that time on, we do not hear much of deaconesses. The monks, in their various activities, or lack of activities, occupied the attention of the church for many centuries.

LUTHER.

From the begining of his career Luther began to try to organize orders of deaconesses for works of mercy. In the year 1520 and following, he began to form groups called "Virgins of Mercy" which worked among the sick and the poor.

IN ENGLAND.

In the year 1825, Dr. Robert Gooch in England began to persuade the Methodists and the Quakers to establish an order of women carefully selected because of their good common

sense, their industrious habits, their kindness of heart, and their refined education and social culture. He desired that they be entered as students and practitioners of nursing in the hospitals of Edinburg and London, that they should be examined with frequency on the subjects they were studying, that there should be prepared textbooks adapted to their use, and that, after having finished their career, they should be sent to the villages or small towns, two and two, to lend their services in aid of the physician in caring for the sick, the which proceeding would, in his judgement, redound in incalculable services for the people. In this proposition of Dr. Gooch we find the germ of the idea that dominates nursing in our day. In the year 1845, Miss Sellon succeeded in forming a protestant order called "Sisters of Charity." It was dedicated to the service of the sick poor.

In the year 1848 there was organized in London the Saint John's House, the first of the notable organizations of modern nurses in that country. Only religious young women were accepted for the study and practice of nursing, and were placed under the direction of the clergy, but with a superintendent of their own sex. They went to the hospitals to work during certain hours of the day, and returned to their

community house to sleep at night. In 1856 this order was reorganized in such a way that the nurses should sleep and live in the hospitals while they were carrying on their studies. These orders may be considered as the precursors of our modern nursing schools.

THEODORE FLIEDNER.

In the year 1822 Theodore Fliedner, a young pastor of Kaiserswerth, on the Rhine in Germany, went to Holland and England, where, with great enthusiasm, he studied the altruistic labors he found in these countries. When he returned to Kaiserswerth, he was the best informed man in the world in the art of caring for the helpless. A little later he was married to a most notable woman, Miss Federica Munster, and both began to make great preparations for undertaking their famous work of the deaconesses of Kaiserswerth. On October 16, 1836, they admitted their first probationer, and after six years of most notable work, his wife died, and Fliedner married Caroline Bertheau, who continued at the head of this work for forty years. Notwithstanding the fact that she had 8 children and her predecessor 7, they both, seconded and helped by Fliedner, made the beginning of the great work of modern nursing

which we are now considering. When Fliedner died in the year 1864, after 28 years of work in this movement, he had 32 general houses established for the education of nurses, with some sixteen hundred nurses working in four hundred different places.

In 1846 Fliedner took four of the nurses, whom he had educated, to London to found the work of nursing in the German hospital. In 1850 he brought a group of well prepared people to the United States, and in Pittsburg established the first school of nurses in this country.



FLORENCE NIGHTINGALE.

In the year 1850 Florence Nightingale passed two weeks in Kaiserwerth, and in the following year she managed to be there stud-

ing for four months. She recognized the work of Kaiserswerth as the best the world had had up to that time. She was very happy there, notwithstanding the fact that she found a plenty to criticize, and returned to England with large ideals for the betterment of nursing.

Florence Nightingale was born in 1820. Her family was of the most cultured and philanthropic to be found in London. As they were possessed of sufficient means, they lived much abroad. It was because she was born in Florence, Italy, that her parents baptized her with the name of that city. She was five years of age when her family returned to England. She was most carefully educated in accordance to the customs of the times, acquiring an excellent knowledge of Latin and Greek and all the subjects which at that time entered into a liberal education. She acquired great preeminence in the amenities of high society. From her youth, up to the end of her long life, she continued to be a most popular personage among the high nobility of her country. From the time she was twenty years of age she began to beg her family to permit her to study nursing; but, as they were dominated by the prevalent ideas of these times, they felt that nursing was a work for people of low degree to perform, and so

for twelve years they gave a firm opposition to her desires and plans.

For many years before she secured the consent of her mother to begin her chosen career, she dedicated herself constantly to the study, at home, of medicine, sanitation and political economy. In the year 1852, when she was 32 years of age, her family finally consented that she might direct her life as she wished. They had completely failed to interest her in society, and get her married; so from that time her father settled upon her 500 pounds sterling a year. After a long time had passed, the mother confessed her own mistake in the following words: "You would not have accomplished anything, if you had not resisted me." This year Florence wrote in her diary the following words: "I had three plans among which to choose; I might have been a literary woman, or a married woman or a hospital sister." In fact, she did become a great literary woman, having written most profusely, publishing 200 different books. She might have married, for she had many offers of matrimony, but she had the conviction that God was calling her to something else, and with all determination of character she dedicated herself thereto, finally attaining such great results as few women have reached in our time.

In August in 1853, she took charge of an institution in London which cared for the women of the nobility in the times of their sicknesses. She attained such a notable success in this position that the following year the hospital of the Royal College invited her to take its superintendency of nursing. She was about to accept this call when the Crimean war broke out, and Sir Sidney Herbert, Secretary of War, wrote saying that he knew of no other woman in England who could save them from the grave situation in which they found themselves in the matter of caring for the soldiers in the Orient, and he invited her to take charge of the organization of a corps of nurses consisting of women selected among the highest society, and to accompany them to Constantinople to take charge of the care of the soldiers who were sick and wounded.

THE CRIMEAN WAR.

With characteristic energy she prepared herself within five days, having organized a group of 38 women of the highest character from among those best educated in nursing. Two days later, on October st 21, 1854, she and these 38 nurses embarked for the Dardanelles. There were among them Catholic nuns, Anglican deaconesses, and nurses from Saint John's House.

When she arrived on the field of action she discovered that only 19 of them were suitable for the work and she caused the other 19 to return to their homes in England, bringing others out take their places and to augment their numbers until she reached a total of 125 women whom she employed as nurses.

THE CRIMEAN WAR.

They put her to work in Scutari, in Asia Minor, just in front of Constantinople. She found four hospitals already installed, one of which was immediately placed under her charge. It was counted to have a capacity of 1700 patients, though at that moment there were between three and four thousand in it. It had four miles of beds placed side by side 18 inches apart. These beds consisted of ticks filled with straw, most of them laying on the floor. The few sheets that they had were made of tent cloth, so rough, stiff and hard that the patients begged to be allowed not to use them. The patients were put to bed with their uniforms on, as they had no clothing suitable for use in bed. Their uniforms were dirty and stiff with the blood of their own wounds. There was no soap, nor towels; no wash pitchers nor scarcely any utensils with which to work. The place was full of lice, bedbugs, fleas and all kinds of

pestiferous insects. There were no knives nor forks, and the patients had to eat with their fingers. The food was very badly prepared, and the service was so poor that it took four hours for them to serve one meal. There was much colera and contagious fever, and 42% of the soldiers who entered these hospitals died.

HER RECEPTION.

Many of the army surgeons and officers of the line did not favor the idea of the presence with them and the help of women as nurses. They were satisfied with the horrible methods in vogue, notwithstanding the results they were giving. For this reason Miss Nightingale gave orders to her nurses not to attend to any of the wounded or sick of the doctors who did not so wish.

Edward Cook, her biographer, said: "What was needed was a bold initiative. This Miss Nightingale supplied. She boldly assumed responsibility and did herself the things which she could find no one else to do. She supplied an expert's touch and a woman's insight. She was popularly thought of as a gentle nurse and those who knew all the facts spoke of her as a commanding genius".

Within two months Miss Nightingale had wrought great transformations in the hospital

which she had in her charge. Within six months she had reduced the mortality to two per cent, instead of forty-two, and the majority of the surgeons were now on her side. Lord Raglan, the Commander in Chief of the army, gave her his support and spoke of her as an auxillary General. This is well described by one of the wounded soldiers who wrote as follows: "What a comfort it was to see her pass. She would speak to one and nod and smile to many more. She could not do it to all, you know, for we lay there by hundreds, but we could kiss her shadow as it fell and lay our heads on the pillow again content. Before she came, there was such cursing and swearing, but after that it was as holy as a church".

We will now give another extract from the biography of Sir Edward Cook: "Her early years show a girl of high natural ability, feeling her way to an ideal. She had already served her apprenticeship when the call to the Crimea came. It was not a call to sacrifice, but to the fulfillment of her dearest wish for a life of active usefulness."

A certain man who knew intimately some of the greatest intellects of the time said of Miss Nightingale that: "Hers was the clearest brain he had ever known in man or woman."

In 1855, in view of the notable success which she had acquired at Scutari, she was taken to Balaclava to help reform the hospitals there. She was soon down with the terrible disease known as the Crimean fever. She was at the point of death, but, on recovering, she stood by her work till the end of the war. The following year, having finished up her work and having returned all her nurses to England, she at last returned herself in July (1856.)

She was received in England as a heroine. Notwithstanding her natural modesty they showed her every kind of honor. Even before she left Constantinople, Queen Victoria sent her a wonderful diamond brooch, the which she used in the presence of the soldiers to please them, but which she was never willing to use in England.

The Sultan of Turkey sent her a diamond bracelet and a gift of money. Before she reached England, there were held, with great enthusiasm, a number of public gatherings, but, from the moment of her arrival, she never permitted another such gathering to offend her modesty.

Her work in the East had done much more than simply to correct hospital methods and the ways of caring for the sick and the wounded. She had made an end of the traditions and the prejudices of the ages and put

all womanhood on a higher plane of life and labor. Not only had she opened a new and honorable profession for woman, but she had discovered to the world a new conception of the place that corresponds to her sex.

England nevertheless desired to honor her heroine, and, under the inspiration of General Sir Sydney Herbert, a subscription of 40,000 pounds sterling was raised, equivalent to \$200,000, of the which \$20,000 was given to the nursing in the army, and, with the rest, an organization was founded for the proper teaching and development of the women of the largest intelligence, education and culture, to whom there should be given the proper instruction for introducing them to this noble calling.

Miss Nightingale was immediately placed in charge of it, and she delivered herself up to the work with great enthusiasm. Her historian, Cook, laments the fact that she should not have taken a long rest immediately, that she might have recovered from her fatigue caused by the fever in Balaclava. She suffered from neurasthenia and dilatation of the heart. Though she was shut up in her bed chamber and almost without leaving her bed for forty years, from this sacred place of retirement she gave directions to large movements in the development of medical science, the art of nursing and the

application of the same in the English army, and especially in the army of India, which was continually exposed to tropical diseases and those which are occasioned by the conglomeration of multiple millions of the most degraded people, whose filth and infirmities provide centers for the development of pests, such as colera, for example, thus exposing the soldiers continually to mutiple contagions, Her work in India, although less known, is reputed to be the most notable of her long life, and to it she dedicated herself assiduously for forty years. In her bed chamber she received all the prime ministers of England, the members of cabinet, kings, queens, and the leading men of Europe and America, always on the condition that they came to consult her about matters of nursing; but should the visitors be even the most renowned queen or general or polititian in the world who desired simply to make her a visit of courtesy, he was never admitted, because she delivered herself up, soul and body, to her one task of devoting her whole strength to the development of the divine art of succoring the physically afflicted.

Though in bed, she there wrote classic books on the management of the sick, both on institutional nursing and on nursing in the home, as well as on the management and the

education of nurses. She wrote letters to all parts of the world to people who were trying to carry out the instructions found in her books, and, as we have already stated, it turned out that the most eminent people from all parts of the world would call on her to consult about these matters and receive inspiration from her. She was a queen enthroned upon her bed of suffering. From her humble bed chamber she sent forth the great balsam of the blessings of modern nursing to all classes of sick, wounded and operated to the uttermost confines of the earth. Her sympathies were world wide and her feelings intense, and she always managed to put her feelings into immediate action. She could not understand how one could feel compassion for anyone without moving immediately to their aid. During all her life she sacrificed her own commodities and consecrated herself to the slow, laborious and difficult processes of the reformer in the most real, best and truest sense.

Her activities continued until the year 1900, in the which she suffered a great deterioration of her powers of body and mind, which made it imposible for her to continue her labors, and she died in August of 1910 at the age of 90 years and three months. The government wished to inter her in Westminster Abbey,

but her family, who well knew her modesty and her preference, would not consent; so she was burried in the cemetery of the family in Hampshire, and there they placed a tomb, marked simply with her name and the date of her birth and death.

A monument has been erected to her in Florence, Italy, in Derby and Millbank, England, and many other places; but her greatest monument is the modern nurse and the nursing developed in our days under her inspiration, to be continued in its development and in its blessings to humanity until the last day of history.

IN ENGLAND.

The British Isles have really been the nursery of nursing and nurses. As we have seen, the art and profession were born elsewhere, but, during the long centuries of its infancy, it prospered and developed poorly and but slowly until the times we have just been describing in England. While, as we have just been relating, it took on its modern form in Germany, the conditions for its true and better development seem to have been more favorable in England; for it is there that it found its real nursery in which it grew up from its infancy to its present state of vigorous youth.

This has been due to a number of circumstances, all brought about by the better form and development of Christianity found there than on the continent. England has been going about 12 years ahead of the United States in each advance step taken in the development of this profession, though, at last, the United States, because of its still greater liberty for women, if our English friends will forgive us for so saying, has at last come to be the country of predilection for the modern nurse, for they are coming to abound on every hand, by multiple thousands, and the present indication seems to be that, from now on, England will not continue to be the leader in this matter as it has been during the past 70 years.

In order that the history of the development of this great science and art of consolation and conservation may stand forth clearly in our minds, we will now sketch its development in a brief and condensed way.

1842-1852. Between these two dates various organizations began the instruction of nurses in the modern sense.

1854-1856. Miss Nightingale in the Crimea.

1859 William Rathbone, in Liverpool, founded what is called District Nursing, one of

the departments of nursing which has taken on much importance and which has a great future. He employed a nurse-graduate from London to visit from house to house among the poor in Liverpool. This nurse attained to a success so great that others were soon employed by him. Miss Nightingale suggested to him that he organize in the Royal Infirmary in his city a school for this kind of nursing, to be dedicated especially to the teaching of nurses who should work thus, as visitors among the poor. In 1861 she sent him Miss Maryweather to take charge of this school. It has had a great growth. It has served as a model for this class of schools and of this kind of work, which is now being extended in all parts of the world as a definite department in the great profession of nursing.

In the year 1859 Miss Nightingale published her book called "Notes on Nursing," which was the first book, and is yet an authoritative classic, on the modern science of nursing.

In 1860 in Saint Thomas' Hospital there was founded the Nightingale School of Nurses which has borne so great and important a relation with this modern movement.

In 1865 under the patronage of William Rathbone, Miss Agnes Jones began the reformation and modernization of the nursing practices in the Workhouse Infirmary of Liverpool

and attained to a success so great that it is imitated in the almshouses of all the civilized world.

In 1870, the first schools for the instruction of nurses were formed in Ireland and Scotland.

1871-1875. Schools for nurses organized in all parts of great Britain.

1880. Guy's hospital in London became the center of a tempest brought about by the effort to revolutionize and transform the ancient ways of nursing into the modern form. In the year 1870 this hospital tried to reform its nursing, adapting it to the demands of the discoveries of Lord Lister in relation with asepsis, but it refused to put itself in line with the movement for the instruction of nurses selected from the most intelligent part of society, and continued for ten years more with its ancient and ignorant nurses, when it fell into a great scandal in relation with its own work, originating a discussion in the public press, which at last compelled the conservative doctors of this institution to corrolate their school with modern movements, removing therefrom all of their old fashioned and ignorant nurses, and introducing a modern up-to-date school for the introduction of intelligent and well educated people as nurses.

In India. 1885. This is the date of the or-

ganization of the Lady Dufferin Fund for the supplying of medical aid to the women of India. Queen Victoria had been taking a great interest in the development of this new profession in the hands of women for the previous 30 years. She felt a lively sympathy for the women of India whose condition of suffering was so ill attended as almost to arouse sympathy in a stone. For this reason the Queen recommended to the wife of viceroy Dufferin, on leaving London to go to Calcutta to take charge of the government of that country, that she study the case to see what could be done in favor of the poor women over there. When, a little later, the queen received back the report of Lady Dufferin, she and other people, eminent in England, subscribed a large fund for the maintenance of this work, which is being continued to the present day. Literally hundreds of women, having graduated in medicine and other hundreds in nursing, have gone from England to India in the service of this Fund, and have built that great country all over with hospitals and dispensaries which serve women alone. In medical schools and schools of nursing, they educate the hindu women, that they may, in turn, help their sisters whose sufferings are so great. The first school for the instruction of nurses in India was opened in the year 1886 in

Bombay, under the superintendence of Miss Edith Atkinson.

THE PERSONEL OF NURSING.

From all that we have written it becomes clear that an essential, underlying principle of modern nursing is to be found in the *personel* of the nurses. The work done by slaves, the ignorant, the unclean and the offscourings of society have of necessity to be of a most inferior character, indeed almost useless, and at times even worse than useless. The new nursing is founded on science and intelligent serving, and this also with compassion and sympathy; all of which indicates the necessity of a suitable *personel*. Not only are slaves no longer used for this work, nor the outcasts of society, but it is also impossible to use those belonging to the serving class. The character of the work makes it impossible that it should be exercised by these classes of people. Servants only know how to be commanded, whereseas the nurse must not be under the command of the sick whom she serves, but she should know how to command and that with christian spirit and skill. Generally the sick are not possessed of sufficient scientific knowledge to command in the case, and even if the patient were a doctor, it would not be proper for him to

command, especially if his ills were of a grave character, and it is not common to occupy nurses for the lighter ills, but for those which are more grave. There is a proverb which says: "The doctor who cures himself has a fool for a client." Not only instruction is necessary, but the nurse must have character, a superior personality, must be a person capable of doing work above criticism, a person whom the patient can respect, even were the patient a doctor, a person capable of taking command, and this is the same as to say the best persons existing in cultivated Christian society. As for the nurse's age, we should say that she should not be too young. Some highly educated parents in Mexico have offered us their daughters when as young as 13 years, desiring that we admit them to the studies and labors of this profession; but it would be impossible that a girl of tender years should either undertake, or be able to carry out, a work of the character we have just described. Thirty years ago, nurse candidates were sought 25 years of age, and even Miss Nightingale said, if they had been married and widowed and "somewhat tamed" by these experiences, it would be all the better. Later tendencies are in the direction of not making requisitions so great as those had in the earlier days in the education of peo-

ple for this profession, but still they should not be too young.

Some of the labors of nursing are best performed by men, especially some of those in relation with men patients, such as massage and certain other treatments, for example, those of hydrotherapy which are often necessarily given in absolute nudity; but much the larger part of the labors of nursing are far better adapted to the powers of women for their execution, because of their delicacy, tenderness, sympathy and delicate hands, and the confidence which they inspire in the patients themselves. There occurs to me here a story of the late war which my wife read me lately from a newspaper. A young soldier had been wounded. He was far away from his American home, and one of the faithful nurses that accompanied the army performed a "first aid" treatment on him, and, when she had him all bandaged and arranged, she said to him: "Now, tell me if I have'nt done this as nicely as it could have been done by your mother herself." The young soldier wounded and sad, in a strange land and suffering, so far from his Mother, said: "Yes, it is true, but mother would have finished up the work with a kiss." There is something very natural about the statement we so often hear among people of

culture in Mexico, when, on being invited to go to a hospital, they remark that they "wish to be cured in the bosom of their loving family." Everybody prefers his mother as a nurse, unless it be in a case where major intelligence and knowledge of modern nursing is required, and when attacked by something of entirely too serious a nature for mother to attend; so that when we begin to substitute some one else in mother's place, we find, as a general rule, that the services of a woman, and especially of women of high culture and education, in whom there has been developed a strong personallity in connection with her natural tender nature, is the best that can be found.

The woman of refinement who thinks of nursing as dirty or repulsive makes a great mistake. When real love and humane feelings are behind the labor, as in the case of the mother caring for her children, no such thought is suggested. With a moment's reflection, it is clear, therefore, that sentimental objections are simply inhuman, representing "man's inhumanity to man;" and the man or woman of refinement who will allow themselves to be dominated by this feeling for the sick, admits the possession of a stony heart, and but discounts any profession he might make of having acquired from the tender Christ a regen-

erate nature by the incoming into his life of the Holy Spirit. It is therefore necessary that people who are the fortunate possessors of culture and refinement should take great care that it does not become a damage to them, instead of a blessing, just as the person who escapes from the necessities of the rude outdoor life with its severe physical hardships must be careful lest, by sedentary habits, self-indulgence and "softness", he ruin his physical vigor and powers of resistance, so as to put himself in danger of disease and death from far slighter causes than would have injured him while he was living the humbler and harder life of his former days of less culture and refinement. When Rome increased her culture, her ruder virtues ceased, and her national life collapsed. The same happened with the increase of culture in Greece, in Egypt, and in Babylon, and nature's inalterable law applies to us equally in modern times; and, among us, we have the same danger from the increase of delicacy, notwithstanding the fact that delicacy is a fruit of the education and fine culture which comes from Christianity; for, if we are not careful, with its increase, true sympathy decreases, and we become hardened and soulless, and some of our essential virtues take their flight. This is not

saying anything against culture or against Christianity, but is simply a necessary warning against one of the well known and world wide errors that creeps into human life at culture's side, and even in her name.

There is a great danger that a sufficient number of the young women of our day may not reach a right understanding of nursing and of its blessings, both for those who serve and for those who are served. If, by the exercise of the humanitarian spirit which we receive from Christ, we bless others, in this also "it is more blessed to give than to receive," and the giver is far more blessed than the receiver. It would be a long step toward the ruin and downfall of the present form of our civilization, if through these misapplications of refinement, our young women should fail to present themselves in sufficient numbers, seeking the training needed for the carrying on of the work of the modern nurse in the name of the Church of Jesus Christ.

The chief founder of one of our leading Methodist hospitals once communicated to me that it was the intention, on the establishing of this hospital, to educate as nurses therein only deaconesses, but after a time their work grew so rapidly that the number of applicants for nurse-training among deaconesses was insuffi-

cient, and that they had to begin to admit other people for the studying of this course in order to be able to furnish their institution with enough nurses for the doing of its work. Was not this a case in point? How much did this erroneous interpretation of delicacy and refinement have to do with causing this scarcity of people, dedicated to the religious life and service of the church, a number insufficient to furnish this splendid institution with the candidates for the nurse-course that it had intended? Whether it was this or something else that was to blame, it is the serious business of the church to correct the error, and to right things in a way to enable such institutions to carry out their high purposes without meeting insurmountable difficulties.

Well do we remember how, perhaps some 20 years ago, a missionary communicated to us a conversation which he had with the principal of one of the leading protestant boarding schools for young women in Mexico, when she said to him: "I am not going to wear my life out training young women of the highest refinement and education just for them to go to one of our church hospitals to study nursing, and, in so doing, be degraded into mere servants."

A few experiences of this kind are en-

ough to convince the most unbelieving that the generality of us are as yet but novices in the things of Christ. How long shall we have to wait yet until a proper knowledge of these things shall bring those who are in positions of of highest trust and influence among us to understand what is the truly elevated, refined and delightful category of Christian nurses, so that, at least, the spirit which shall prevail in our highest Christian schools shall be favorable to the adoption of this career on the part of suitable persons whom God would call, and whom lovers of the Medical Work may send to study there.

A great friend of ours in the United States once tried, for a while, by speaking before large audiences and conversing with hundreds of people, to secure fellow laborers for us. Failing in this, he said to us: "You secure and send to us proper persons whom we will train into the possession of the highest possible skill as nurses and physicians, and then we will send them to assist you in the development of your work." We secured and sent him perhaps a score of our very best Mexican young people, at the end of their educational careers in this country, of the whom but a very few ever return to work with us, and not even these few continued long in the service of the church. We will explain this

more fully in our next volume entitled: "Medico-Evangelism in Guanajuato." Moreover we have taken young people who, living in Guanajuato, have become filled with enthusiasm for this work from what they have seen and felt here, and we have sent them to several of the highest and best protestant schools in this country as boarders for a series of years to prepare them to return to our aid in this work. Year by year when they returned in vacation times, we have noted the influence of these schools on their former sentiment and calling, until at last not a single one has ever returned to us, but have in every case wound up their courses in these, our ordinary literary schools, in agreement with the feeling they have found prevailing there, that the caring for the sick, at least as nurses, is a low and unworthy calling for people who have attained to their high degree of education.

While it is true that the career of a public teacher is most useful and a desire to attain thereto is a high aspiration on the part of our Christian youth, and, while it is true that women who afterwards marry will find pedagogic training to be useful to them in the bringing up of their children, who can fail to understand the indescribable benefit to the Christian mother in dealing with her children, and with the health of

her family in general, of such a knowledge of hygiene and nursing as is secured by the young woman who takes the nursing course at the beginning of her life? Here in Guanajuato, one half of the children born die during the first year of their life, and, while in some other countries, it is not so bad as that, still much outcry has been made against the percentage of infant mortality even in such countries as England and the United States. If a young woman cannot take both the nursing course and the teacher's course, and must limit herself to only one of these, she should weigh the comparative advantages of possessing, as a mother, pedagogic lore or the nurse's skill.

A friend of mine who understands these things well and has been a long time at the head of one of our colleges, tried to console me in my affliction on this subject, saying: "Not only is nursing having difficulty in its efforts to guide the youth into the knowledge and skill, which they will need later in family life, but also the ministry is having the same difficulty to guide the youth into its ranks, because nearly all of them wish to take up a brief course of shorthand and typewriting, and rapidly get to earning large amounts of money, as they imagine.

IN MEXICO.

We have about 1600 doctors in Mexico and very few graduate nurses apart from some from abroad that labor in one and another of our chief cities. The first nurses to be graduated in Mexico were those of the class of 1903 in the Good Samaritan Hospital in Guanajuato. After seven classes had been graduated in this institution, the federal government had gotten its great new hospital into operation, in Mexico City, and had, in 1910, graduated its first class. The revolutionary movements, from that time till now, have greatly hindered this kind of work, but with the passing of the world-war and the final quieting and settling down to peaceful pursuits in this country, it is easy to expect that the development of this great work will go on at a very unusual and rapid pace.





VIII.

RELIGIOUS CHARACTER OF THE WORK.

NOW we come to consider the very essence of this medical missionary work. In all the world it is known as a great philanthropy, and all this it is. It is a service to humanity, and that at the moment when it merits and receives the highest possible appreciation; that is to say, that, without speculative or money-making motives, it brings a helping hand to a man when he is down in body and down in heart and can do nothing for himself. This constitutes a work of the highest altruism and philanthropy. However great an affliction may fall upon a man in good health, he will be able to find some way to struggle through it; but a sick man, one who is gravely sick, can do nothing for himself; and coming to his help at

such a moment is a true philanthropy, and, if he is unable to pay for the labor and the supplies necessary for his service in such a distressing moment, and it is furnished gratuitously, it becomes an altruism worthy of the highest appreciation of any met with in human experience. The altruism of medical missions is the greatest and the noblest that the world knows. While paganism itself knows nothing of this sort, it does know the exact contrary. In pagan countries young children are abandoned or throw into wells, and the aged are led out into the desert, and left there to die, all just to get rid of the bother of having to care for them. These and many other and great errors are known among the people who know not Christ. Even among Christian nations the principle of "Every man for himself," is to some extent accepted, and he who makes the best struggle of life, suffers least, and he who makes the worst struggle, suffers most.

But, if this medical missionary work is considered only as a philanthropy, it has completely failed to be understood. It is as if we were to look upon some one perfectly dressed, and, contemplating his clothing, should give ourselves to admiration and praise, completely forgetting that within those clothes there is a somebody worth a great deal more than the

clothes, and without whom no such clothes would exist. In an equal way philanthropy is but the clothing of the medical work. Its inward personality is entirely distinct, and consists in nothing less than "religion pure and undefiled," uniting man with God, and bringing him into cooperation with him. No other than the Christian religion produces such fruits. In our days, and for many centuries past, Christianity has been producing altogether too little of this, its natural fruit. This sympathy and love toward those who suffer is born in the heart of God himself, and is manifested to men though the man Christ Jesus. There is no other known fountain from which there can spring forth so great and so unselfish an altruism. For this reason, religious life, understood as spiritual, true and intense, in the spirit and manner of Christ himself, is absolutely necessary for the securing of the fruit desired and sought by the medical missionary work of the church. The reason why such work exists is alone found in the fact of the presence of the Spirit of Christ, and that in large measure, in the hearts of many Christians. The reason why we do not have a great deal more of this work is that far the greater number of Christians are more painted on the outside than they are penetrated on the inside by the spirit and presence of

Christ. Most people are Christians chiefly for the benefits that they can get out of it. However hard it may sound in words, this is found to be the real facts in the case when you come right down to the testing of lives in the matter of the kind of deeds that made up the whole career of Christ, our Exemplar. So-called Christian people are generally so anxious for the accumulation of such blessings as money brings upon themselves and on their family and the circle of their most intimate sympathy, that it at once seems to them a heart-breaking proposition that we should propose that they give a tenth, and even more than a tenth, for the support of the ministry and the schools of the Church, and that they should also set apart another tenth for the benefit of those less fortunate than themselves, through sickness or otherwise, as did the Jews; and much less do men want to hear us say that they and their children after them should devote themselves, their time and their possessions, wholly and reservedly, to doing business for God and his Christ, themselves consuming the least possible part thereof in their own necessities and pleasures. Nevertheless this is exactly what Christianity demands and the generous support of the medical missionary work of the church is one of the most outstanding manifestations of this spirit.

All Christians should be humble, and remember that Christ told us that, when we "have done all that we can," we should say that "we are unworthy servants." When we have dedicated ourselves completely to the service of Christ, having sought the possession of his Spirit, and to be impelled by Him only, and having learned to "love God above all things and our neighbors as ourselves", having dedicated all the life that God gives us, from the hour of our conversion and consecration, to Him and to that altruistic work in which he teaches us to serve others rather than to desire to be served ourselves, following thus the teachings and the example of our great Exemplar, we will have barely done our duty. Nothing shall we ever accomplish of works of supererogation. This is the plain declaration of Christ. What will become of those of us who do less than this? We will not try to answer this; but we will say that it seems to us to be a very serious matter for us Christians, if we imitate the world in its selfishness. It afflicts us profoundly to see those whom we love the most dearly, trying to secure the greatest blessings possible for themselves out of the present life, spending upon themselves more than nine tenths of all they can get their hands upon. How great will be our affliction so long as we see this spirit so abroad in the church!

There is no such a thing as real Christian medical work in the hands of selfish people. Such Christians as are half-conformed to the world are entirely unfit to carry on this work. Such a person, may as a nurse, do very good work so long as people are willing to give her \$5 or \$10 a day for her services. But such people are utterly useless in the work of the good Samaritan which Christ laid upon us, because its very excellence consists in the imitation of Christ's love and service to others, and this in the practical form which He himself demonstrated and ordained that his disciples should follow. The kind of works of healing which we are considering, wells up from the heart dominated by Christ's second commandment, which says: "Love thy neighbor as thyself." If we are attacked by a strong pain, immediately we set about getting rid of it. Should it not be the same when we see humanity cast down to the depths of suffering, because of the loss of health which comes from its infinite prevarication, its profound ignorance and its innumerable disorders? The most natural thing is for us to "pass by on the other side," just as the priest and the Levite passed by their poor unfortunate countryman, wounded and half dead at the side of the road, as they went

down from Jerusalem to Jericho. That priest and Levite may have been very orthodox, wholly without blame in the society in which they lived, but they were not capable of doing the work which a few moments later the hated Samaritan did in such a way as to perpetuate the memory of his personality and of his deed to the end of time; and all because this last man had a heart so tender that it would not let him pass by bearing off this man's groans in his accusing ears. Notwithstanding the fact that he was a Jew, a man who would not give to the good Samaritan so much as a cup of cold water to save his life, still he turned to one side, delayed himself in his journey, spent his time, his strength and his money, and never abandoned the poor man till he left him well. This is the true spirit of Christ, this is the spirit which is necessary for the execution of medical missionary work.

I have had scores of applications from the United States to be allowed to come to help in the work of the Good Samaritan Hospital in Guanajuato, even without salary or traveling expenses, and, when I have written to ask them what were their motives, they have replied that they desired to get into contact with our wide and varied clinical observations and experience in medicine and

surgery; but in so far as the religious part of the work was concerned, they always insisted that the pastor should supply all that. It is at once seen therefore, how completely useless would be their personalities in contact with this work done in the name of Christ, and worse than useless, indeed, would it be, for, even if they paid us, we could not afford to have them taking part in our work. During a few years, we allowed certain doctors resident in our city to bring their patients to the hospital and attend them, and we found that unconsciously and unintentionally on their part, they were exercising on our doctors and nurses an influence entirely and essentially contrary to the spirit of our work. Many times they have made suggestions of a selfish character to these, our fellow laborers, as also of ambition and money-getting; and I have even heard them blaspheme and curse the Church, because on Sunday at ten o'clock in the morning they could not find any nurse present to help them with their treatments, for all had gone to Church, unless it perhaps be some one who was on guard and could not leave her beat, and all this notwithstanding the clearest and most perfect understanding had with them before they were allowed to bring their patients to our house, to the effect that they must do all

their treatments on Sundays so as to be through and gone before half-past nine, so that the young women might have time to dress and go to church by ten o'clock. I have had to answer these doctors, saying, that so far from cursing the Church, they ought to bless it; for neither they, nor anybody of their kind, would ever establish an institution operated in so satisfactory a condition as that in which they found this institution, save it be directly or indirectly through the religion of Christ. Without Christ's influence, it is impossible to find in all the world a group of persons who will give themselves up to the service of the persons who, taken all together, cannot pay a sufficient amount therefor to maintain the laborers and to pay the other expenses in connection with their treatment.

For these and similar reasons we have constantly affirmed that the religious basis is the necessary foundation, the "*sine qua non*," of the medical work of Christ. So this work is born of the religious impulses of Christianity. In order that it may not degenerate, the work should be established in the most religious form possible. As Christ could not have anything in common with the world, neither can this work or these workers make common cause with the world. To keep ourselves, in a sense, free from the world, is necessary to fruitful-

ness, and is repeatedly and clearly explained and enforced both in the gospels and the epistles; while conformity with the world is the surest and shortest process for destroying all spiritual fruitfulness. Ministers may themselves forget this necessity of the gospel life, and become so secularized that their work will come to be social, political, or pedagogic, or the workers mind may be overwhelmed by any other secular line of thought, or become simply negligent of the vital spiritual thoughts which should dominate, they thus passing out from under the dominion of the impulses of the divine Spirit, and causing the deterioration or spiritual destruction of the churches whom they should lead in spiritually green pastures.

How much more easy it is that an evangelistic medical work which has to occupy itself so much with science and the execution of physical labors in the service of its patients, should tend to secularize! A medical work commenced in a most spiritual and Christian form, can easily be allowed to degenerate, and that right speedily, until there will remain to it not a vestige of apparent spiritual influence, and this at the same time that there may exist external appearances of great success, as judged by the number of its patients or its success in healing, or the amount of money which it gathers to-

gether to cover the expenses. Success does not consist alone in these physical things, nor in things social, now yet still in its popularity, although these qualities generally accompany a true success. True success in measured exactly as in the other departments of church labors.

Evangelistic medical work is in a great deal more danger of degenerating spiritually than the pastorate or the schools, because of the way it is related with financial questions. For the simple reason that every thing it does has a price, that is to say, it costs so much. For it would seem that the church generally expects the medical missionary to follow the method of charging and collecting from every patient the value of his services to the extent of his ability to pay them.

As it is also expected of medical missionaries that they will serve gratuitously those who are very poor, and charge very little those who are a little less poor, there at once arises a question, of almost impossible solution, because, from the moment the public observe this difference in the matter of collecting fees, far the greater part of the people in these backward countries, without the least shame or delicacy in the matter, begin to devote their best efforts to securing the most favorable financial

terms for themselves. People in fair circumstances have been known to dress in rags, and, with their hair frowzy and their hands dirty, to present themselves before the doctor in a miserable plight for the sole end of securing services and medicines gratuitously, or as nearly so as possible. Multitudes of these people are able to put up such a poor mouth and such a distressed appearance as to move the heart of a stone and to completely deceive medical missionaries newly come from the United States and not accustomed to see such signs of misery. As it is always expected of the medical missionary that he will render the very best possible medical service to be found in the world, it comes to be a very expensive matter. If he insists on collecting large amounts of money, he takes the risk we have already described in former pages, and if he does not insist, he will run the risk of getting himself overwhelmed with debt. If, on the other hand, he reduces the expenses of his work, he simple reduces its quality, not fulfilling the hopes that have been raised in these patients, and so dishonoring himself and his work as representatives of Christ, and moreover dishonoring the church whose prestige he should enhance. These are no vain words. The writer can point out places where this has occurred in the very

State of Guanajuato itself, and where the very ministers and school have since been retired because the ground had been sown with salt by an unfaithful medical missionary, whose end was money, but whose statistical reports, nevertheless showed up in the most splendid form at the end of every year. This is but a parallel of what the Catholic Church has done in all countries by charging money for baptism, matrimony and for everything else it does, except confirmation. This practice has had the same deteriorating effect on all the churches that have gotten to charging money for this or that. As we said before, a far greater danger is had in the medical work than can be possible with churches and schools, and if we would not make a complete failure, as has been made in most of the work begun hitherto in the republic of Mexico (as our former statement has shown) we must take far greater care of how we manage this matter of limited medical services on one hand, and high charges on the other.

To avoid such sad failures on the part of this most meritorious and popular branch of our work, it is necessary to fix our attention, first, upon the *personel*. We have already spoken of the personel of nurses, and in the case of doctors and those in charge of the administration of the work it is necessary to seek out such

persons as present the very greatest possible securities on the religious side. It is not difficult to find very talented young people entering the work of the medical profession in the United States, who are willing to go to a foreign mission on a contract of two or four years; who are members of the church and in whom there is no blemish. These people are wholly unsuitable for this work. There is no such a thing as a limited term of service in a person fit for this work. This is the case here, as much so as with other kinds of missionaries. "He that putteth his hand to the plow and looketh back, is not worthy." The success of an able and highly educated doctor who consecrates himself to this work is absolutely assured, and it is greater and greater from year to year. Would that every one such could live and labor for a hundred years! His last two or three years would almost be worth his first twenty five. After a life of such work among the thousands whom he serves and before other thousands who observe these services, his death and burial and tomb among these deeply impressed people almost repeats the experience of Sampson of whom it is said that he killed more of the enemies of God in the hour of his death than in all his life. That men and women volunteering for this sort of service should

stipulate a limited term, is enough reason for leaving them out of consideration and seeking others whom God has really called, and that in an unlimited way.

Then such as offer themselves to do medical and surgical work abroad with the condition that the preachers and other spiritual laborers shall relieve them of the necessity of taking any prominent part on the religious side of the work, either among their patients or in the Sunday School or anywhere else, also give us reason enough to turn aside and seek elsewhere.

In the case of those who would enter the ministry at home, as also of those who offer to go to the mission field for ministerial labors, it is common to ask how many people have already been saved through their instrumentality, and, if they have no such proof, to doubt their call to the ministry. There is even more reason to apply this severe test to those who would be medical missionaries, because of the intensely secularizing circumstances connected with their life and labor, as has already been referred to. Perhaps in the case of a few X-rayists and others who help in the various laboratories of the medical missionary colleges that we establish in mission lands, we might accept limited-term appointees, provided these colleges are

already placed upon the basis of the intensest religious life and evangelistic aggressiveness. But even in these cases it would be better, in the writer's view, to undertake to enlarge our medical missionary work only to the extent that we can find people thoroughly imbued with evangelism for every place in the work higher than that of the common servant; for much experience along this line has already shown, and that many times over, that the mixing of the "tepid" with those who are "hot", among such Christian teachers, results too often in the "tepid" finding more popularity and more disciples to follow them in the school, than those who represent the condition of heat which Christ demands in the third chapter of the Apocalypse, verses 15 and 16.

In the second place, in order to assure the aggressive Christian character of all medical missionary hospitals, it is necessary that they should be organized correctly, in such matters as the day's program, or the distribution of time, and in everything else that conduces to the maintaining of a high spiritual life and a heavenly atmosphere. To help in securing these ends, nothing is better than the arranging carefully of several short daily religious services. The workers should be gathered to the table for their meals simul-

taneously, beginning with a formal asking of the blessing, instead of going to meals singly as in a restaurant. In each ward, a group of nurses, with perhaps other workers, should conduct a religious service every day, immediately after the breakfast. The dispensary should always be opened with a most earnest, and not too brief, service; and all the employees of the hospital above the servant class, and even as many of these as may be Christians, should be expected to attend all the Christian services in the church, as many of them as possible taking part therein, as Sunday-School teachers or otherwise; and they should all be expected to be generous contributors to the financial support of the church. The hospital should also be filled on every hand with religious literature, among which the Bible should be prominent everywhere.

Conversations should be conducted prudently along religious lines with patients, and every effort should be made to create an atmosphere in the institution such, that patients could not go from there without the conviction that there was a special presence of God found there. It would seem to be unnecessary that we should have to add a saving clause to these observations; yet it *is* necessary, for, unless all these things are done with the greatest of

prudence, it will be too easy for some to justify the criticisms of those who would gladly condemn such medical work for making its religious features the very most prominent possible. One hundred years of medical work in all parts of the mission world has demonstrated the possibility of making these institutions centers of the intensest and profoundest religious impressions, and of not making them repulsive to scarcely any of the patients that appear therein. Of course there are always some who are very timid on arriving at these institutions, and yet we have seen as many conversions among these as among those who came without any such fear. There are some who are very fanatical and anxious not to be spoken to about religious matters, and especially when coming to such an institution in a mission land, and yet they are scarcely more difficult of approach than the others, if the approach is properly made. It is necessary that prudence and propriety, such as Christ sought to teach His apostles, should be gotten into the hospital workers, so that they may know how to make their religion as natural as breathing, and free from cant, or polemics, or censure, or complaint, and of all demanding of anything, or urging, or pressing upon patients what they are indisposed to receive. As we have stated in former chapters,

religion can be made the most attractive thing in the world, and especially so to the sick, and still more especially so in the hands of those who serve them in their sickness; and there is not the least need in the world of either hushing up the question of religion on the one hand, or of presenting it in a way that is unwelcome, on the other hand.

If any of these things can hinder efficient scientific service in favor of the sick, then Christian character itself hinders, and there is no such thing as hoping for efficient services for the sick on the part of those persons who are accustomed to give themselves to prayer in private, in the family or in public. This is so ridiculous, that exactly the contrary proves to be the fact. When Luther was a student he always said: "Well prayed, more than half studied"; that is to say, if he would study well and be successful therein, he must first pray well.

Of course it is absolutely impossible to subject the details of these methods to the judgement of persons who are not consecrated to Christ. There are but few worldly medical people who would not condemn a part or all of our religious work, but we are confident that no one who is illuminated by the divine spirit will find any difficulty in approving the consensus of opinion concerning the essen-

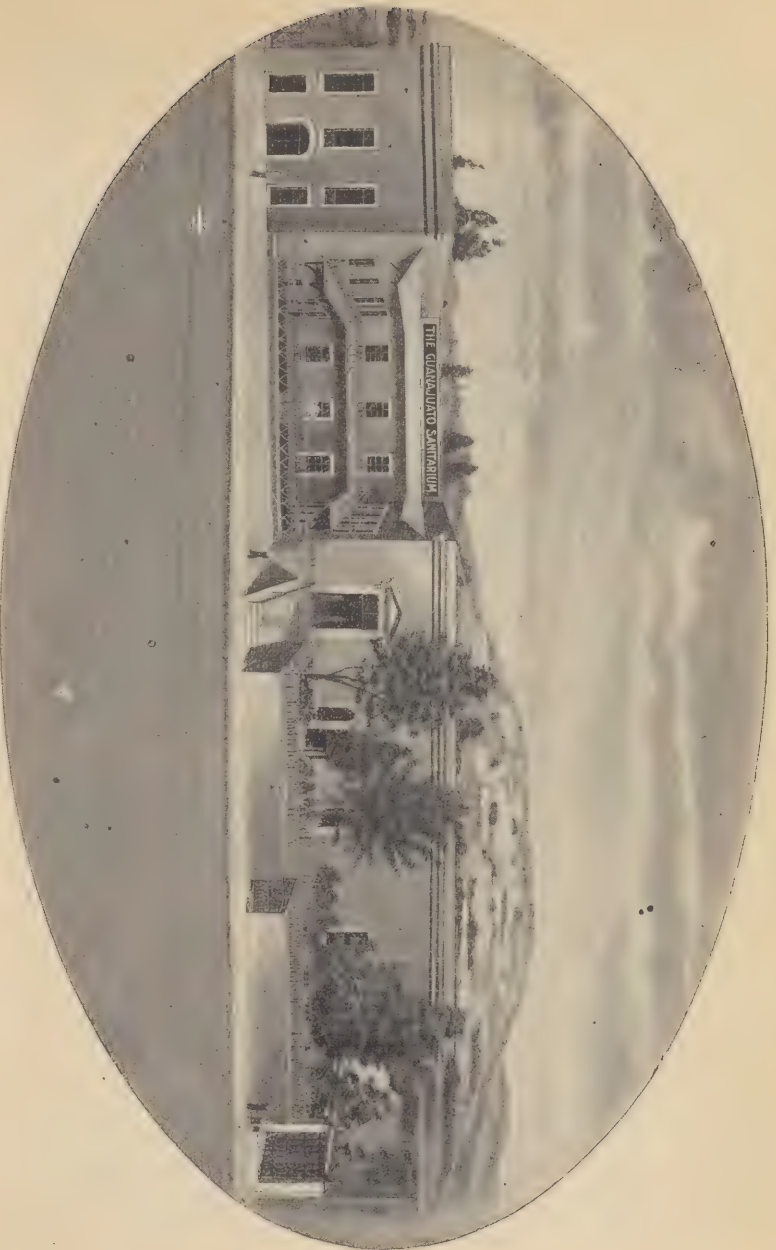
tial religious character of the medical undertakings of the church, and of the necessity to organize work in Christian hospitals and dispensaries in such a way to give place to certain exercises of religion. The 28 years of experience of the present writer has shown that far from displeasing the majority of the patients, the offering of prayer in their presence, has resulted exactly on the contrary. There is no doubt that some fanatics, and even some atheists may have objections, but we Christians gain nothing though yielding to their opinions and desires in such a matter. On the contrary, it goes far better with us when we take into account only that which pleases God, for, after all, it is He, and He alone, who makes us to prosper in the execution of our divine mission.





The work of Christian evangelism in Protestant hands was commenced in Guanajuato in Feb. 1876 by pastoral work, to which was added just a year later a day-school. Medical work was added July 1891, in the form of private practice. The first dispensary was opened in May, 1893, and the Good Samaritan Hospital Oct. 3rd, 1899. For an account of these 43 years of interesting history, read: "Medico-Evangelism in Guanajuato," by the present author. It is 12mo, near 300 pages with 50 engravings, bound in cloth for \$1.50 U. S. currency.





Street Facade of "The Good Samaritan Sanitarium," Guanajuato, Mex.



Seated: Dr. Chas W. Foster, Dr. Petra B. Toral, Dr. Levi B. Salmans, Dr. Pablo del Río and
Dr. R. Lowell H. Wilson.

Standing: 12 of our Nurses in the Good Samaritan, Guanajuato, Mex., July, 1905.



IX.

EDUCATION OF MEDICAL MISSIONARIES.

THE necessities in the case of the education of medical missionaries are identical with those found in the education of ministers. After such studies as we have been able to make of this question during the past 35 years, we must confess that we can find no satisfactory explanation of the apathetic attitude of the Church towards the subject, other than that of either ignorance or indifference. If either or both of these words seem hard, and we greatly fear that they are hard, they nevertheless point so strongly in the direction of where the truth must lie, that it seems to us much better to present our complaint frankly,

that the Church may ponder it and do what is right before its Judge Eternal. Generations have passed since the so-called free churches, that is those that are free from all relations with the government, have become fully convinced of the imperiousness of the demand for the proper education of their ministers, and of the fatuity of confiding their education either to accident or to the secular schools. In the case of the medical missionary, the majority of the churches in the United States, and even some of them in Europe, are leaving the question of their education entirely to secular schools. It cannot be said that this is giving satisfactory results, for it is not. These results are just as little satisfactory as those had in certain European countries in the education of their ministers in the state schools. Formerly with the ministers, and now-a-days with the physicians, a few are able to finish the long courses of study and work in these secular schools, still maintaining the ardor of their love and their consecration to Christ and to the work of the evangelization of the world, but it usually turns out as follows: Young men finish their courses of study in Christian colleges and universities, having maintained their religious fervor, and immediately enter on four years of medical study to prepare themselves

to be medical missionaries on the foreign field. Some of them will maintain their Christian ardor for one or two years in these secular schools; but the great meiority, before they have finished four, five or six years of studies and internships in the midst of such unfavorable surroundings and under the influence of such worldly teachers and fellow-students, have lost their zeal for evangelism, and have come under the dominion of the love of the world, with its ambitions, love of honors and money, and other secular enthusiasms, and, on graduating, find themselves controlled by the desire to pass their lives in secular medical practice on the style of their much respected teachers.

If the Student Volunteer Movement succeeds in persuading one in ten of these students to go to the foreign field, almost all of them wish to engage to stay there but a short time, and, if they really go abroad, show themselves to be nullities in the matter of evangelism, and the most of them, so far as we have been able to observe or learn, finally return to secular life and practice in the United States. Among the few who remain a longer time on the foreign field, some are eminently satisfactory, but complaints are heard on every hand, denouncing some of even these as being

very unspiritually minded. As in past times it happened with Wickliff, John Huss, Jerome of Prague, Luther, Wesley and Whitefield, that one and another of those educated in the secular schools of the government turned out truest evangelists, so it happens in our day with some of those who consecrate themselves body and soul to God, some of them succeed in maintaining their fiery zeal for God, notwithstanding and despite their having been educated in such unfavorable surroundings.

The medical missionary work now carried on in the world requires the labors of about two thousand foreigners, and its present rapid growth will soon make it necessary to have five or ten thousand. The church is now finding difficulty in securing really acceptable and desirable candidates to take the places of those who are growing old, dying or retiring from the work for other causes. But a much larger number is required to provide for the growth of the work, and it is becoming exceedingly difficult to find them in sufficient numbers. It would seem, therefore, that any lover of this branch of the work must be immediately convinced of the pressing and urgent necessity for the establishment of schools for their education parallel in every respect with those of our theological students, so as to insure the far great-

er output which is going to be absolutely necessary in the generation on which we are entering. Let us therefore pass in review the work which has already been done in the past two generations for the proper education of of this kind of laborers for the Lord's vineyard.

IN EDINBURG.

In 1841, Dr. Peter Parker, a Presbyterian medical missionary of Canton, China, visited Edinburg, Scotland, on his way back to the United States for a vacation. While he was in Edinburg he received the hospitality of certain prominent doctors who were fervent Christians. These doctors showed the greatest interest in his stories of the power he had found in medical practice for the awakening of sinners and the turning of their attention and their hearts to God. So impressed were they with his conversations that they immediately organized the "Edinburg Medical Missionary Society," which consists principally of doctors, having among them just a few ministers and business men.

They defined the purposes of their Society as follows:

1. To promote the spiritual welfare of medical students generally, and to awaken a

deeper interest in medical missions among them.

2. To encourage and aid suitable Christian men who desire to give themselves up to medical mission work.

3. To establish medical missions, either independently or in connection with other Societies.

4. To diffuse information by lectures, meetings, and, especially, by the publication of a medical missionary magazine.

In my travels, observations and studies I have been greatly impressed with the fact that in Scotland there seems to be a much larger number of physicians who are devout in the Christian sense than in any other part of the world. The members of this Edinburg Association dedicated themselves with great zeal to carrying out their plan, but they found themselves completely ignorant in the whole matter. The progress of the Association was not markedly rapid for 18 years. It was not until 1859, when they called Dr. William Burns Thomson to be superintendent of their work that they began discovering the secret of its evangelistic power when rightly directed, as also of better methods for preparing medical missionaries. Burns Thomson was a very exceptional man, and, in the 11 years that he worked with the Society, modern medical mis-

sions took their first great stride forward, not only on foreign fields, but also in their use in what we call already Christianized countries. I warmly counsel every interested reader of these words to secure the autobiography of Dr. Thompson, with an introduction by Dr. James L. Maxwell, who inspired Dr. Thompson to write this autobiography just before his death. It is published in London by Hodder and Stoughton,, 27 Paternoster Row, and costs some 6 shillings. Any one who will read this book and its account of the struggles of this wonderful man of God, in getting himself out, as well as in bringing others from the darkness of ignorance to the light of a better understanding of this profoundly interesting subject, will be richly paid for his pains. I am not overestimating the influence the book will wield on those who read it.

A deep ravine crosses the city of Edinburg. and in it is a place called "Cowgate," where two generations ago there had congregated a great number of drunken Irish Catholics, making of this region a veritable pandemonium which was looked upon as an eyesore and a shame in that Christian city. The Edinburg Medical Missionary Society established a dispensary at number 39 in the part of this ravine called Cowgate. There, little by little, throughout

the decades, they have developed a dispensary, a hospital and a residence for some of their students of medicine who are preparing for foreign medical mission work. They have now devoted more than 60 years to their work in this locality. These students with their superintendent serve the sick, not only at number 39, but also from house to house in their homes, and, with their intensely evangelistic spirit, they have made a complete end of the infamy of the place, turning it into a most civil and Christian locality through the conversion of its inhabitants.

While these students study, they devote some time daily to this work of evangelism, and in two generations have given us this first demonstration of the possibilities of securing evangelizing results by the use of these means, in a country already called Christian.

The group of students who studied under him produced some of the most interesting characters medical missions in foreign lands have known. They took up work in various centers on the mission field, and became bright and shining lights for others to follow.

It is worthy of note that his students loved him intensely, and that they praised him most generously for having given to them the impulse of his own enthusiasm, the light of his

own conviction and the precious example of his own personal participation in this first great medical missionary work in modern times in a Christian country.

But unfortunately, in 1870 his Board of Directors received and sustained the appeal of a student whom Thomson had expelled for insubordination. The Board's order that he should be restored to his place in the school, brought forth immediately Thomson's resignation. The present Superintendent of their Training School in Edinburg explained to us, when we visited him, that the Board of Managers had never again committed such an error, but from that occasion on had always upheld the influence and authority of their superintendent in relation with his students.

Dr. Thomson had always been very delicate physically, and this, with his excessive labors and final bitter disappointment, made it necessary for him to go and rest in the south of France for two years. Returning to London, he soon inspired the organization of a Medical Missionary Association there, which also continues its work to the present day, educating medical missionaries for all the churches, and even for many nations.

Dr. John Lowe, one of the early students of Dr. Thomson in Edinburg, first worked as a

missionary in Travancore, India. In 1870 he was called to be Superintendent of Edinburg as the successor of his beloved master, continuing there for 21 years until the day of his death. He died during the 50th anniversary of the establishment of the work of this Society, in 1891, after having developed the work through greater and greater victories from year to year during his whole term of service. During the last ten years of his administration, 53 young men finished their preparation and went forth as medical missionaries in the world. More than 40 of these received financial aid from the Society toward the expenses of their education. They entered into the service of more than twenty missionary societies of Scotland, England, Sweeden, France, Germany and the United States. Dr. Lowe wrote a classical work entitled: "The Place and Power of Medical Missions," which every one interested in this movement should read. An edition of it was published by the Fleming H. Revell Company of New York, and costs a dollar and a half.

His successor was Dr. E. Sargood Fry, who has now been at the head of this work for twenty seven years. The Society bought the property at number 56 George Square, Edinburg, where their Superintendent and most of

their students live. It continues the publication of its review, called: "Quarterly Papers," shedding all the light possible on this subject of such tremendous importance. During its many years of service in this cause, this Society has continued its important donations of money to various missionary societies to encourage them to begin or continue medical missionary work in many parts of the world. It has itself also established, and carries on at its own expense, various centers of medical missionary work, in Palestine, Syria and India.

In the year 1861, Dr. B. K. Vartan, an Armenian and one of the students of Dr. Thomson, on graduating in medicine in Edinburgh, went to Palestine and began work in Nazareth, which was for so many years the home of our blessed Savior, opening there first a dispensary and afterwards a hospital, and, before his death, his friends constructed for him another hospital, much better than the first. After more than 40 years of assiduous labors, he died there full of honors, having left behind him a mighty work accomplished, consisting, first, in the dissipation of much of the darkness which lay as a pall over all that region, not only in religious fanaticism, but also in matters of health, disease and healing, and second, in the conversion

of many souls to Christ. His son, also educated in Edinburg in the same manner as is father, follows in the footsteps of his progenitor. When Dr. Vartan began his labors, he was the only modern physician between Jerusalem and Beyrut; but now, largely through the influence of this magnificent work, there are several medical missionaries in the towns situated in this extensive territory. Other students from Edinburg are carrying forward his labors in Nazareth, as also in these other surrounding hospitals to which we have referred.

Many years ago this society also established, and still continues, a notable work in its "Victoria Hospital," in Damascus.

Another of the students of the beginning days of Dr. Thomson was Dr. Colin S. Valentine who passed his life in India, and wrought wonders in the name of the Master, demonstrating the incomparable value of this kind of labors. The Edinburg Missionary Society employed him, during the last quarter of a century of his life, at the head of a Medical Missionary College in Agra, India, for the education of Hindu young men who wished to follow the calling of their teacher. This medical College has given large results, as also another in Ludhiana directed by the lady

medical missionaries of various societies coming from several countries, who have joined themselves together for the medical education of the women of India who wish to dedicate themselves to this kind of Christian labors among the women of the zenanas. In India the women are so isolated from mixed society that generally they prefer to die rather than to be attended by a male physician; so that it would seem that their only hope, as also in China and some other oriental countries, consists in the medical education of women, be it those of their own country, or foreign medical missionary women.

Though William Burns Thomson did not originate medical missionary work, nor was he the first in modern times to practice it, yet his relations to medico-evangelism in our times were so original and his discoveries so deep and spiritual that many have called him the "father of medical missions". Of course he is the "father of medical missionary training", for he surely showed us the way in the matter of training men during their medical studies, so that they might become successful medical missionaries afterwards.

It is therefore most interesting to know something of how he got started in this work, and we will let him tell the story himself:

“About thirty-nine years ago, at the close of my Arts course, (1847) when just about to enter a theological college with a view of studying for the ministry to go to China, I was visiting in one of the low districts of Edinburg, when an incident occurred which changed the whole current of my life. When thus visiting, I went into one of the lowest houses to invite the inmates to a prayer-meeting to be held on the following Sabbath evening. I had scarce got into the house when a sharp little Irish woman approached me abruptly and said, “What do you want, sir?” I was not so experienced then in visiting as I am now, and the question disturbed me. Her son was lying on the low settle at the side of the room, the worse for drink. He looked up at me and cried to his mother: “Pet im oot, mither.” But as I lingered the youth got angry, and cried with an oath: “Mither, canna ye pet ’im oot?” I was still more disturbed, and remarked to the woman: “I was just going round your district, and I thought I would look in and see you. You are not looking well.” “Sure, and it’s not well that I am,” was her reply. “I think you would be the better of a little medicine,” said I. I knew at that time no more of medicine than the man in the moon. I knew the virtue of only one drug, which I had learned in infancy,

and I got a cup from her and went to the nearest druggist's and got a dose of castor-oil. She received it with gratitude. On the Monday following, as in duty bound, I called to see my patient. She had taken me for a medical man. I had never thought of such a thing. She received me with open arms, and ever after I was welcome in that house, and was freely permitted to tell of the great salvation offered by Christ. Now, being on the eve of going to China as a missionary, it struck me that the study of medicine might be as useful to me as a course of theology, for I knew already the plan of salvation.

"At this juncture, I turned to the Word of God to see if there were any indications that might help to guide me in determining the path of duty. I was amazed to find medical missions in the New Testament on almost every page. The Savior Himself went about healing all manner of sickness and all manner of disease, and, when He sent out the Apostles, He gave them power to heal, and, when he sent out the seventy home missionaries, He gave the express command, 'Heal the sick, and say unto them, The kingdom of God is come nigh unto you'."

We have entered thus extensively into the description of the work of education of medical missionaries in Edinburg because it is the

forerunner in modern times of all this kind of educational work, as well as because of the very great importance of the work it has accomplished, and the fact that it has served as a model for what has been done and what is being done in other world centers.

IN LONDON.

As we have already intimated, the residence of William Burns Thomson in London during the last year of his life stimulated interest in medical missionary work and education in that great metropolis. In 1880 through his influence, Dr. William Gauld was persuaded to take the superintendence of the hospital of the Mildmay Association which is situated in Bethnal Green, in the very center of London. About this time the Medical Missionary Association of London was established also. It at once opened a home for the instruction and formation of medical missionaries. They first bought a house at 49 Highbury Park, and later a second and still later a third, and, as they were contiguous they were easily communicated into a single property. This they use as a home for the Superintendent and his students. For more than 32 years the veteran Dr. James L. Maxwell, former medical missionary in Formosa, China, has been the Superintendent. This institution has

followed the plan of its predecessor in Edinburg, with the exception that it has not established any medical missionary centers of its own in foreign lands, and it has carried on a much more active propagand in the interest of this kind of work through the use of the press. For more than thirty years it has published perhaps the most important review of medical missions which has come to our hands.

In the case of this training institution, as also in that of Edinburg, the students have come from many countries, not only from those where English is spoken, but also from France, Switzerland, Germany, Armenia, the Scandinavian and others.

It is not easy to overestimate the great value of the work done by these brethren in London, of whom, without doubt, Dr. Maxwell has been the most abundant of all in labors, having made most important contributions to this cause, both in literature and in the extending of his spirit of devotion to Christ for the healing of the nations to the many students that have gone forth from their circle. He has turned out to be a worthy successor of the great William Burns Thomson, not only having carried forward the same important work which fell from the hands of that masterspirit, but having also greatly amplified his methods. Dr. Thomson

was an evangelist who, not only in his personal struggles with individual patients, but also with his students, wrought a work of great intensity and of far reaching results. His memory has been engraven in a most extraordinary manner in the minds of those with whom he had contact, especially in those of his students; and what is more, through the persuasions of Dr. Maxwell the autobiography of this great pathfinder of modern medical missions was written and published, and thus his influence is being made to reach to thousands more in our day. This work, so well begun by Dr. Maxwell, of making the world to know this great master of medical missions, has been greatly developed and extended by 32 years of his labors in the editing and publishing of "Medical Missions at Home and Abroad", by the which he has exercised the greatest possible influence on the trend and development of evangelistic medical missionary labors in all fields, as well as also in the education of medical missionaries. In our humble way of thinking, his success had been so great as to make him the present leader among the healers of souls and bodies.

IN TÜBINGEN.

∴ The influence of these labors in London and Edinburg were felt in Germany to such an

extent that in the year 1906 there was founded in Tübingen in the kingdom of Wurtemberg, a German Medical Training Institute, "Deutsches Institut für Artzliche Missions." The publication of a medical missionary review was also begun, called "Die Artzliche Mission." Dr. Olp was placed at the head of the institution, as well as in charge of this publication. For 13 years this work has been followed up in the most active manner. During our two visits to Europe we were able to visit each of these institutes, and it would be far from exaggerating to say that each of them awakened in us the greatest enthusiasm. They form the corner stone and the foundation of our hope for the proper training of the evangelistic medical missionaries of the future.

THE DORMITORY PLAN.

These European institutes which we have described are not medical colleges, neither do they undertake much instruction. We saw some excellent provisions for instruction in Tübingen, but that furnished by the Edinburg Medical Missionary Society consists chiefly in their dispensary work in the Cowgate. These institutes furnish a dormitory where their students live together with their superintendent in the form of a Christian family, eating

together in the same dining room, holding daily religious services together as a family, and sallying forth under the direction of their superintendent to the carrying on of a limited amount of medical missionary work in their own neighborhoods. We say "limited," because the greater part of the time of these students must be devoted to their studies and work in the medical college where they are to take their degrees. These are the secular institutions maintained by the government where they study side by side with those who seek to perfect themselves for the practice of a profession in the worldly sense, as do lawyers, engineers, etc. These immediate surroundings and associations are by no means altogether helpful to them as evangelists, but in their dormitories, or medical missionary homes, they are indeed the very best that can possibly be formed. They have the drawback of the secular spirit prevailing among the great majority of their fellow students, and even teachers. Some of the students who have gone through this preparation successfully, maintaining the spirit of evangelism in their hearts and lives, look back on their experiences as having tended to make them more robust Christians, and, at least a few of them, have felt that it was better that they had been educated among people who were in-

different, or perhaps more or less inimical, to the gospel, than to have been brought up in a "hot bed" of Christianity, as they would be inclined to call an institution where the whole of the medical studies were carried on among students and professors all of whom were strictly and earnestly Christian. The result of the labors of these three institutes has been excellent. The chief trouble in the case is that they have become too small for the present demand. They served excellently well in their time, but now that we have a thousand missionaries working in the foreign field, it is utterly impossible that they with such few students should be able to supply the work with more than a fraction of the number who die, or, for other reasons, cease from their labors from year to year. Something far greater in size, though not different in spirit and consecration, must be undertaken by the Christian church, and that at once, to supply the existing demands for the continuation of the present work, and that without taking into consideration the most crying need to come from its great enlargement which now seems imminent.

IN NEW YORK.

Dr. George B. Dowkontt was born in England. He was the son of a Polish captain who

escaped from his country at the time it was broken up, and divided as the spoils of war between Russia, Germany and Austria. He was educated in great poverty, For some years he labored aboard an English man-of-war as a nurse, helping to care for the sick and wounded on board. Later, he continued in similar work ashore in the dockyards of Portsmouth for two and a half years. He then labored for several years more in relation with the medical mission of Liverpool, and, in 1879, being then married, came with his wife to Philadelphia with the idea of contributing what he could to the establishment of a medical mission in that great city. He there terminated his medical studies, graduating in 1881. He at once established himself in New York, as the opening seemed better there for the carrying out of his purposes. From that day until 1897, he was able to aid in the education and preparation for the medical missionary career of 120 medical students, who later went to labor with many different missionary societies in India, China, Africa and other parts of the world. From the year 1885, Dr. Dowkontt published a monthly review, called: "The Double Cross and Medical Missionary Record." He suspended its publication in the year 1901.

The plan followed by him was exactly the

some as that used in Europe. But at the same time, with all his powers he urged on every hand the establishment of a medical missionary college, in the which students would be furnished not only with dormitories, but also with a complete teaching faculty of earnest Christian men for giving all the instruction, be it in the lecture rooms, the laboratories, the hospitals or anywhere else, thus giving these students the Christian associations and teaching in a form very similar to that had in theological seminaries.

After twenty years of faithful work without having been able to secure the organization of the missionary medical college which he so desired, Dr. Dowkontt gave up his work in New York, where he could no longer support it even in the dormitory form. He then went to Battle Creek, Mich., where he collaborated with Dr. John H. Kellogg, giving his attention especially to the editing of their medical missionary monthly. This journal was published for a long time before Dr. Dowkontt joined them, and has been continued since his death.

When in 1895, we sent to the United States our first medical student, Señorita Petra Bonilla Toral, to prepare her for the medical missionary career in Mexico, she went directly to Dr. Dowkontt, and, a year later, when Pablo

del Rio went to New York for the same purpose, he also went to the house of this eminent servant of God.

Much thought and study have been devoted to this subject of how best to educate medical missionaries. For twenty-five or thirty years there have been frequent discussions as to which is the better method to follow, that of Europe or that which Dr. Dowkontt advocated in New York, and was never able to establish. We will now describe the first medical missionary college ever organized, the which most unfortunately, no longer exists, and also the second college, which still exists.

IN BATTLE CREEK AND CHICAGO.

The Seventh Day Adventists in the United States are deeply convinced of the prudence, and even of the Christian duty, of making extensive use of the art of healing as a means for the conversion of souls, and, in this sense, they take the lead of all other denominations. More than 50 years ago they began in Battle Creek, Mich., to establish work of this kind. As they had no medical graduate among them, some of their preachers went to a point in the state of New York, where they were able to observe the application of hydrotherapy, and, returning, they established their institution

on that basis. As it was necessary to have a physician present in such a work, they employed the secular doctors of Battle Creek to help them out, especially in the more difficult cases. As this arrangement was very unsatisfactory, Elder White sought out one of the brightest boys in their midst and put him through an educational career to the end of the medical course, and even two years of post-graduate work, which was a great deal for those early times. When this young man returned to Battle Creek he soon took charge of the sanitarium, and has continued at its head for nearly 50 years. God has prospered them in a wonderful manner. These are the first people in the world to call their institution a "Sanitarium". They have developed physiotherapy beyond anything known before them, and surgery has also taken a leading position in their institution. They have now some seventy edifices constructed in various adjoining parks, worth millions of dollars. They accommodate some fifteen hundred patients whom they attend, not after the miserable methods of poverty, but in harmony with the highest luxury and most advanced professional skill. They have more than 30 resident physicians, 400 nurses and some 500 other employees constantly at work. Notwithstanding the great development of this place

into a mighty scientific institution, neither it nor its employees have lost from sight its central idea, that it is a place founded on religion and carried forward for the purposes of the service of God, that they may not only cure the body, but may illumine and heal the spirit, and bring human creatures nearer to their Creator, converting them from the errors of their way, both physically and spiritually, in order that man may be wholly sanctified, both body and soul, purified, and restored to the faithful and obedient service to his Maker and Savior.

After the same manner in which Dr. John H. Kellogg, whose carrer we have been discribing, was himself educated, so has he dedicated himself to the education of men and women, in the greatest possible numbers, and that from the beginning of his carrer until now. He has select-ed hundreds of the brightest youths of both sexes, and has helped them through a Christian education, their personal development both spiritual and scientific, and to a consecration of these powers to the service of God, along these lines. At first he sent his students to the Medical School of the University of Michigan, at Ann Arbor, a part of each year until they graduated in medicine. Those who studied nursing he fully taught, and graduated them

in Battle Creek. The total number graduated to this time is about 300 doctors and 3,000 nurses. Dr. Kellogg soon discovered that a majority of these students did not prove faithful to the divine calling to practice their profession in the interests of Christ and his evangelism, but turned aside to make a secular use of their knowledge, in competition with them who had made no such a profession of religious motive for acquiring their professional education. So he determined to try educating his doctors by the same method he had used in educating his nurses, wholly in a religious atmosphere, under religious teachers, and with a supreme effort to maintain them faithful to their calling as medical missionaries. Therefore about the year 1885, the American Medical Missionary College was organized. Its first 2 years of study were carried on in the Battle Creek Sanitarium, and its last two years in Chicago. Its work continued for twenty years. Sixteen classes of men and women were graduated with such a medical preparation as others might envy. In these classes were found Mexicans, Armenians, Africans and representatives of many nationalities. Many of us had great hopes that at last the proper education of medical missionaries was being found; but many difficulties arose. The medical work is such a powerful

arm against his Satanic Majestic, that it would be expected that he would do everything in his power that he might set all kinds of people against this undertaking. Suddenly there was passed in the state of Illinois a law requiring every medical school to have a hospital with a hundred free beds, in addition to other clinical opportunities, or it would have to close up. Dr. Kellogg was already finding the immense expense of maintaining such an institution to be all he could bear. This additional burden made it necessary for him to close. So he went back to his former method of helping fewer students and under less advantageous circumstances.

LOMA LINDA AND LOS ANGELES, CALIFORNIA.

Just about the time the American Medical Missionary School of Chicago was closed, there was opened another college of the same character on the same plan, by Adventist people in California. They bought a beautiful Sanitarium, called "Loma Linda," situated on the top of hill in a 300 acre plot of oranges and other tropical fruits, not far from Los Angeles. To this Sanitarium they began to add numerous and excellent buildings for the various needs of the Medical Missionary College. They also carried

on a dispensary in Los Angeles, and two years ago began building, on a whole block, a series of edifices for use of hospital, laboratories and other teaching facilities of the Medical Missionary College where they would prepare candidates for missionary life. They have a faculty of the most consecrated men and women. At present they are giving the first two years of the course in Loma Linda and the last two in Los Angeles.

As these brethren have some peculiarities not had in common by the other denominations, their work is better adapted to preparing medical missionaries for themselves than for other churches. One of their peculiarities which causes the greatest trouble is the fact that they carefully keep saturday for their sabbath day, and on Sunday morning begin work in a rousing style, starting up their laundries, their lecture rooms, their laboratories and all their work of study and teaching. Experience has shown that in sending young people to study under such circumstances, they become very unsettled on the Sabbath question, not in theory so much as in practice. Few, if any, of them have ceased to be observers of the first day of the week, but, while they work and study with these people, they cannot well keep the first day, and, as the seventh does not

bear to their minds and feelings anything very sacred, by the time they have passed four years in such surroundings in the educational age of their life, the sacred feelings of the sabbath day have been largely lost in their natures.

This comes to be an objection of the very greatest weight with all other denominations for the education of their medical missionary candidates, and leaves on foot the original question of the urgent necessity that Christians who keep the first day should proceed at once, and in the most energetic way, to organize a high grade medical college for the education of missionaries only. The same has already been done in a dozen places in China and two places in India and there 14 medical missionary colleges are for the education of the Chinese and the East Indians. But how, pray, are our own sons and daughters to be educated for this career? Has it come to be that we have learned to love our neighbor better than we love our own sons and daughters? How the pendulum seems to swing from one extreme to the other, and with what difficulty do we poor mortals persuade that pendulum to rest at the middle point?

ON THE MISSION FIELD.

We have already examined the history of this work. There remains only one point which

we wish to discuss. In all the missionary work, ministerial, educational and medical, there are two very distinct elements that enter, the foreign and the native. In the medical work there are something like a thousand foreign medical missionaries with perhaps another thousand foreigners who help them as nurses or people who work in the administration in some way, whereas there are at least 5,000 natives associated with them in their labor, apart from those of the servant class, a few of these being native doctors and far the greater number being nurses.

The point which we wish to discuss is the education of the native doctors. The course of instruction necessary for the formation of such doctors as can honor Christ and give credit to his evangelism, is of necessity exceedingly costly. But there are still other greater difficulties in the way of providing a proper education for our future native medical practitioners, from among the young men and women in our rising congregations in the countries where our foreign missionaries go to labor. We have already made extensive references to these difficulties as they exist in so-called Christian countries. Those who study in secular schools of medicine in homelands, with few exceptions, lose their calling and missionary spirit, as also their

altruism, before they graduate. If we consider mission lands, some of them do not have modern medical schools, and those that do, have difficulties that tower far above those existing in the most Christianized countries, and that assure the secularization of our would be medical missionary students. For this reason it is not at all strange that in all parts of the world medical missionaries have been tempted to send at least a few of the brightest and most hopeful natives, who have manifested a decided preference for this kind of work, to study medicine in the countries where Christianity is most developed, each missionary generally sending them back to his own country.

We will now publish for the first time, in English, our own experience in the matter. We have now worked in Mexico as a medical missionary for 28 years, having worked for a number of years before as a minister and as an educator. This medical work has been so well received by the public that it has been necessary for us to occupy fifteen different doctors to aid us in it, as also several nurses and others from abroad, and about 60 natives nurses in training. Eleven of the doctors who have aided us were foreigners and four were natives whom we had educated in the United States. Every sort of missionary labors has some advantages

in the hands of foreigners because of their different bringing up and training, but all those who have attained to a large experience in this matter know that the natives also have some advantages in this work, because of their near and sympathetic relations with the inhabitants of the land where they have been brought up, as also because of the possibility of their continuation into the coming generations indefinitely, whereas foreigners, and their children especially, still cling, to a certain extent, to the land of their origin. Now, of these two kinds of people, those who were born in the more Christianized lands have very little opportunity indeed to observe this kind of work, for scarcely one in a thousand missionaries ever saw medical missionary work in the land where he was brought up and educated. It is when they come into the foreign field that they begin to realize the need of it, and, if they have any of it in sight, they have their first opportunity to grow enthusiastic about it, and to desire to secure a medical education and enter upon it; but by that time they are probably married and well established in the activities of life, and but few of them return to their native land to secure the necessary education for entering on this branch of the work.

On the other hand the native youth is

brought up in contact with this kind of work, and grows enthusiastic as he sees its power and its vastly superior point of contact with the unsympathetic wall of paganism against which the other branches of the work hure themselves with so many disadvantages. The brightest and the most intelligent, and those who attain to the highest education and best comprehension of the herculean task of the youthful Christianity of their land, flock around the medical missionary and make most manifest their feelings and earnest desires to work with him, or in the same way in which they see him work. Great numbers of such young people from the very first years of our activities in this line have appealed to us to help them to secure a medical education, giving us every assurance that they had no other thought nor aspiration than to use it only and solely for the service of Christ, for the conversion of sinners and for the upbuilding of the heavenly kingdom in their own beloved land. Medical missionaries who live in loving relations with these people, and oftentimes feel concerning them as Paul felt concerning the Galatians, that "had it been possible ye would have plucked out your own eyes and have given them to me," are led to believe in their sincerity, and to be willing to do anything in their power to secure

their proper medical education, confident that their whole life would surely be thrust into the field of medico-evangelism, just as they are thrusting in their own.

These moving experiences were our own, yet we were detained for years from consenting to these most convincing and enticing solicitations on the part of our beloved youth, because of the hundred years of experience of missionaries, and the firm feeling on the part of all the missionary societies, that it is impossible to educate these people, in what we call our homeland, without ruining them for all future usefulness in the mission field from which they had originated. Such was our love and appreciation for certain of our youth that we at last consented to try educating them in medicine in the United States. We were influenced, first, by the fact of the absolute impossibility of educating them in Mexico where their secular teachers and fellow students would surely ruin their Christian spirit, and, second, by our proximity to the United States and the cordial friendship which was being cultivated between these two countries, and, further, by the fact that friends in the States were willing to aid us in their education in every way, socially, religiously and pecuniarily.

It is now more than 22 years ago that we

sent our first student, and from year to year we kept on sending others to different centers and to different friends in the United States, who extended to us the helping hand of collaboration in the very best possible way. It was most natural to expect some of these students to return to Mexico before they had finished their courses of study. There is no educational line in the world in which this does not happen. When a hundred enter the beginning of a course of four years or more in the United States, no one ever thinks of the half of them finishing and graduating at the end of that course. After sending more than two score of the very cream of the young people of our circle, representing both sexes, some of whom became the most dextrous and approved of nurses, others graduating in medicine, not one of them persevered with the idea of consecrating his life to evangelism. It is perfectly clear that could we have foreseen this result, not a single one of them would have gone abroad, or have acquired a medical or nursing education. Our hopes and those of all our friends were completely defrauded. We are not certain whether any of these excellent youths have ever come to understand the deception to which we were subjected. We have not had the heart or the desire to converse with any one of them on the

subject, We labored to the utmost with each one to keep him faithful, and, when we failed, we commended them to God who will know how to deal with them, and whether or not, to what extent and in what way He should punish them.

Leaving this aspect of the question entirely to one side, as is necessary because of the love which, even to this hour, we bear toward this whole group of our beloved youth, toward whom was awakened in us the profoundest affection, we are still unable to forget these experiences, or to fail to recognize our obligation to spend no more thought, or hope, or money, or effort on this line for the securing of fellow-laborers in this generation and of those who shall carry on the work in the generation to follow. It is hardly necessary to enter into an analysis of the reasons why the natives cannot be satisfactorily educated for missionary careers, save in their own country. It ought not to be difficult to agree with the missionaries and missionary societies of all the world in the experience acquired by them in a century, and in the determination which they have all been forced to reach, and which is to the effect that all missionary workers should be educated in the country in which they were born.

The native medical missionary workers

who have been educated in China and India are lending a powerful hand in the great work carried on there. As we have already stated, there are 14 medical missionary schools in these countries and 500 mission hospitals throughout the whole world where nurses are being trained. The difficulties in the way of the establishment of a medical missionary college in Mexico, for the educating of Mexican physicians for carrying on this evangelistic work, seem to be *for the present* insuperable. Some answer that, in view of the Centenary and what it proposes, wonders can be accomplished in a very short time. We see no difficulty in harmonizing these two statements. The facts are as follows: The way to accomplish the end in view is to persuade quite a number of denominations to establish strong medical missions in the City of Mexico, sending at least two medical missionaries from the United States to organize and carry on each of these centers of evangelism, beginning with dispensaries, and, as rapidly as the money is furnished and their prestige is raised in that city, building and organizing great mission hospitals. When say some 15 or 20 American medical missionaries shall have become thoroughly acquainted with the language and with the people, they might be strongly reenforced so as to give them greater liberty for the organiza-

tion of the proposed medical college, for the which probably not less than half a million dollars would be required. A few earnest Christian doctors could then be selected, and joined to these experienced missionaries for doing laboratory work and giving a part of the technical instruction. Of course this would be a union medical missionary college in which all the denominations who desired might join. It would hardly seem to be within human possibilities that all this can be brought about in less than 20 years, for, first, the churches must be convinced, each independently, and after that gotten to agree to act together. After that it would surely require 10 or 15 years to secure a trained medical missionary corps in representation of all these denominations. Nobody would overlook the fact that it is impossible simply to set up a *foreign* establishment like this in the capital of this country, and new medical missionaries are a purely foreign element, and their transformation into experienced missionaries is very rapid indeed when accomplished in 10 or 15 years. Some may call this no delay at all, whereas others who are anxious, and have been so for years, to look upon it in their own day, will feel that only to the following generation will be able to see it accomplished.

We will now present some considerations concerning the relation of Christianity to medical education.

1. We have already declared our feelings concerning the nature and origin of the medical science had and practiced now by Christianity. We believe it should be called "Christian medical science," and that it is a special and intentional revelation from God to those to whom he would reveal it, a foreseen and fore-ordained mercy, vouchsafed to our afflicted race. No system of medicine known in the world before the coming of Christ, or discovered anywhere he was not first revealed, can be compared with what we Christians call medical science. God made all the medicines and hid them in the plants and minerals until the day when he might reveal them along with His wonderful wisdom in the construction of the human anatomy and the ordering of the laws of physiology, and all the many points of healing lore, in the day when he was making known his wonderful goodness and his mighty mercies through his Only Begotten, to them who were to be the heirs of salvation, and to the heathen whom he would bless through them. If the non-Christian inhabitants of this world are in our day receiving any of these blessings, they receive them through Christianity directly; and

the very *highest* blessings of the healing art and its practices are had by the world, either Christian or pagan, *only* when practiced by those hands that are moved by Christian hearts, as we have already shown. There is so much selfishness in the practice of modern medicine when not carried out by those moved by the Spirit of Christ within them, that it also approximates Paul's saying concerning the heathen, that "their tender mercies are cruelties."

2. During the early centuries of Christianity the ministers, the priests and the monks were the practitioners of the healing art as it gradually began to be developed, just as was the case with the priests of all the false religions throughout the earlier ages and to the present time. There was a great difference, however, found in the incomparable superiority of the healing done by Christian ministers over that done by heathen priests.

3. Christian medical science has been taught as one of the departments of the Christian Universities from the very time that these Universities began to exist.

4. Some two generations ago the Christian Universities of the United States began to experience a tremendous growth. At the same time they began to manifest a disposition to

push off medicine, and law and engineering onto faculties operating under a different Board of Trustees; and in many cases they were finally completely separated from the control of the universities. In cases where this was not done, they were generally placed upon a basis of secularity similar to that of the worldly medical schools, not under the usual restrictions and precautions had in Christian schools. The universities continued, however, their preparatory and college courses, just as formerly, under the most careful religious management. Of the so-called professional courses—those which followed the B. A. degree—only the theological seminaries were retained on a thoroughly religious basis. In the preparatory schools, the colleges and the theological seminaries, the greatest care has been taken, as formerly, to manage them in such a way as to cultivate and develop therein the highest and purest type of Christian character.

To accomplish this, their Trustees have been carefully selected from among the leaders of Christianity. Faculties have been elected from among exemplary Christian men. The trustees have done their work without salary or pay of any sort, it being wholly a work of altruism, so far as they were concerned, and the faculties have been given salaries so small as to ex-

clude all aspirants for financial speculation, and the other emoluments of their positions have been negligible. Their labor has been one of education pure and simple, and its motives have been closely allied to those of the Kingdom of Christ and its interest in undying souls, endowed with minds to be enlightened and prepared for a career of service to Christ in this world and "to enjoy Him forever" in the world to come. The students in these Universities have been expected to attend the daily prayers of the colleges and other various other religious services held there and in the Churches of their choice, and to maintain a line of moral conduct which would make them unobjectionable associates for the sons and daughters of the most earnest and sincere Christians. In the Theological Seminaries and missionary training Institutes, even more care yet has been taken in the maintaining of a fervent religious life in the students; in some cases a prayer being offered at the beginning of each and every recitation by the professor in charge.

How different is the case with the secular medical colleges. The Trustees who control them are not usually a body of altruistic Christian men with Christian ends to serve and conserve. On the contrary the promoters of such

secular medical schools have usually been men seeking their own worldly interest therein. Often the Board of Trustees of a secular medical school consist chiefly of those who also hold such professorships as they prefer in it. The leading motive for organizing and carrying on the school is worldly advantage. Sometimes large salaries are able to be realized. In any case, every such promotor of the school, or holder of a professorship in it, expects thereby greatly to enhance his prestige, and so at once to increase both the number of his patients and the size of the fees he will be able to collect from them. Where money and other selfish ends are the chief motive power in any undertaking, it is well known that all other considerations are compelled to stand aside. For this reason no high religious or moral test can be applied to the characters of the candidates for election to professorships. Doctors are sought for the positions who are the friends of the few who control the institution, or who, it is supposed, will be a drawing card for the school in its competition for a large enrollment of students or for the forwarding of any other selfish interest of the enterprise. The same is the case with the students admitted, no high moral or religious standards can be set up without hurt to the ends sought by the school. Of course

some restraint is felt from "enlightened Christian public sentiment;" but that is all; and, as a result, we find in such schools an atmosphere of the least Christian helpfulness to be found in any of the higher schools of the United States.

When therefore our Church medical schools had been separated from the religious atmosphere of our Universities and turned loose to compete with these schools, they could but receive the greatest harm. This fact has been proved over and over again during the last 40 years by the utterly bad influence which they have exercised on the hundreds of candidates for the medical missionary career who have passed through them, only to discover at the end that they had suffered a great religious impoverishment, if not their spiritual ruin, thus justifying the severe accusation which is brought against such schools.

5. For some years past the young Men's Christian Association has been allowed to do Christian work among the students of many of these secular medical colleges, and has exercised a good influence therein; but as they have not represented the colleges officially, and the faculties have continued on the non-religious, not to say anti-religious, basis, as formerly, it has been impossible for the Young Men' Chris-

tian Association to create an atmosphere sufficiently religious to make them safe places for the maintenance and growth of Christian character during the long years of medical study.

6. The result is that these secular medical schools are not only godless schools, but in fact are the most effective centers for the cultivation of unbelief and the sentiments and practices of pessimism, selfishness, and a mercenary spirit. How completely erroneous and anti-Christian is the attitude which many doctors have attained in relation with the diseases which are associated with immoral and highly sinful living! It has come about that public opinion, created by the church, has had to resist tendencies of a part of the medical profession which move in a direction contrary to Christian principles and sentiments in various respects, as, for instance, in the relations of the sexes, in matters of matrimony and the family, and the relations between parents and children, the doctrines of conception and the permissible treatment of the fetus before and after birth, also in relation with the most important questions of intoxicating liquors and other narcotic drugs. Christian people are beginning to lose their patience with doctors who use their knowledge and professional influence for the damaging of society, many times doing hurt to, if not ruin-

ing, individuals before they realize it. The influence of such doctors is also most malevolent with young men whom they counsel, and from medical men educated in this manner we can never hope for great help in holding up the licentious tendencies of our times which are carrying us far from the principles and practices of our forefathers, the puritans, in our private life, and thus preparing for many of the individuals of the coming generation the profoundest infelicities for the present life, and eternal ruin for the life to come.

7. To our way of thinking, an enormous mistake was made in divorcing these medical schools from the Christian universities, and setting them afloat. It is something that awakens infinite regret for two reasons: first, because Christian people must now receive medical service at the hands of men educated without Christ; and, second, because in our present missionary problems, we find medical science having escaped from the hands of the church to such an extent that there is no proper place to educate our sons and daughters who would be medical missionaries.

8. In view of all this, what should the Christian church do to remedy these two great evils which are upon us. It is perhaps impossible now to run after these schools that have

gotten away from us, and to Christianize them again in time for our present needs, if we could ever Christianize them at all by such a direct method. Two paths are open before us, first, to provide ourselves new schools for the education of our medical missionaries, exactly parallel with the seminaries which we have provided for the education of our ministry, and the many other mission institutes for the education of other kinds of missionaries, or, second, bravely to stand up before all objections and difficulties, and reorganize the medical schools still in possession of the church, placing them on a completely religious basis, and also establishing new ones from time to time until we shall have enough places for the education of all the Christian medical men needed. In these schools, it would be proposed to educate, under strictly Christian auspices, all suitable applicants after our manner of proceeding in the most religious university schools.

The first of these plans is far less costly and would be preferable for the education of medical missionaries.

The second method would be preferred by those who are becoming dissatisfied with the inferior moral character of many of our now-a-day doctors, and who are coming to desire for themselves and their families doctors as Christ-

ian as those whom they would furnish the heathen. The day is rapidly coming when this consideration is going to appeal to Christian men, and also to many others who, though they have not yet dedicated their own lives to Christ, still ardently desire to have as doctors, into whose hands they many confide such sacred interests, those possessed of the most perfect Christian character which such intensely Christian schools can help its students to acquire.

While this second plan will cost a great deal more than the first, it also has this second *strong appeal* to a very much larger constituency for its support, and we have no doubt that, in the end, it must come to prevail, for this whole world must become the world of our Lord and of his Christ, including medical colleges and all.

But, to begin with, it seems to us far more practical that we should first set up schools for the training of medical missionaries, into which no others should be admitted, and handle them in as strict a way as we now handle our theological seminaries and missionary institutes for other kinds of religious workers.

Before closing this chapter we wish to make reference to the definition of the term "medical missionary." As medical missionaries have thus far been used but little in the home-

lands, being mostly sent abroad, they are therefore looked upon as foreigners in the lands where they work and are therefore called "missionaries". But as this work develops, and the sons and daughters of every land must do this sort of work in the land of their origin, some new title will have to be invented for them, leaving out the word "missionary." Preachers are generally called ministers, teachers are some times called professors, and, as the Christian Science folks have monopolized the word "healer", it is hard to tell what term will have to be hunted up at last to apply to what we now call a "medical missionary".

But the fact is that as this work has become popular, many would like to apply this name to any doctor that works in a clinic, and especially if his clinic has any altruistic features. Even to the foreign medical missions of the church not a few imagine that just *any* medical graduate might be sent, and especially so if his name is written in the record of some church as a member, and still more especially so if such a one shall have attained to any distinction in the practice of his profession in the homeland. In the latter case he is likely to be looked upon by some as a real acquisition for the doing of the Christian work which Christ has recommended to his church, whereas were

we seeking for any other sort of a missionary, we would first inquire about his evangelistic spirit and habits.

We wish therefore to add to the closing paragraph of this chapter on the education of medical missionaries a definition of "Medical Mission" and another of "Medical Missionary" that was adopted at a meeting of a Board of Medical Missions a few years ago. We thoroughly approve of this definition and would commend it as a suitable criterion by which to judge all institutions which claim this distinction and all individuals who would like to be called "medical missionaries". Here follows the definition:

"A *medical missionary* is a legally qualified practitioner, called of God and wholly set apart to seek the advancement of Christ's kingdom by the two fold work of healing the sick and making known the gospel. A *medical mission* is an agency worked by one qualified as above."





X.

WHO ARE THE PRESENT MEDICAL MISSIONARIES?

THERE are 435 doctors who hold British degrees acquired in the British Isles or in their colonies. They are employed by 43 different missionary societies in 25 different countries.

“The Church Missionary Society” has 81 who work in 11 different countries, the chief of these being India, China, the different parts of Africa (including Egypt,) Palestine, Arabia and Persia.

The “Union Free Church of Scotland” has 70 in 7 countries.

The “London Missionary Society” has 37 in 3 countries.

The English Wesleyans have 31 in 4 countries.

After our medical missionary work was begun in Guanajuato the English Wesleyans had only five medical missionaries in all the world, whereas now they have 31. This gives us an idea of what is happening to all the denominations everywhere, as to the rapidity of the extension of this department of the work at the present time. All other kinds of work were begun before the medical work, but of late the medical part of the work has been growing in popularity with such rapidity that we find cases like this one which has augmented 600% in 20 years.

A still larger number of medical missionaries than those from Britain are at work in all the world who have acquired their medical degrees in the United States. They represent a great number of denominations. The Presbyterians of 156 Fifth Ave., New York, have more than 100, this being the largest group in the world under a single Society. The Methodist Episcopal Church has some 90.

France, Germany, Holland and some of the Scandinavian countries also have their medical missionaries scattered abroad everywhere.

In China there are some 400 medical missionaries who have some two hundred hospitals and a very large number of dispensaries.

In India there is almost an equal number

of medical missionaries with a great number of hospitals, and dispensaries more numerous than perhaps anywhere else, The total of medical graduates working in this manner in all the world is about 1,000. Many of their hospitals are very large, and with their dispensaries they attend about 1,000,000 of the suffering every year. The work we have mentioned in India and China is much more developed than in any other of the fractions of the mission field, as is shown by the fact that they have fully organized medical colleges for the graduation of both men and women in each of these countries. In all the world there are some 500 missionary hospitals in the which there are nurses' training schools, and the number of nurses being trained is very great indeed. As we have stated in another place, some 5,000 of the more intelligent and better educated natives are helping these missionaries, and that apart from the many thousands of people who are helping them with the humbler tasks found in connection with their work. In every place where this branch of the work has been established and developed, it is by all means the most popular with the unconverted who surround us, as also with our own people. Our schools are the next most popular, leaving the pastors for the last place. This is exactly the

contrary of what we find in Christian lands, where the pastor is the best loved man of all, and where his work is attended and appreciated by all, our schools being second in appreciation and our medical work not being known at all. In the homeland, almost everybody owes his conversion to some pastor, whereas the medical work he has never even seen, nor come in any contact with it. The pastor therefore looms up in his affections to the highest possible place, and is appreciated in that high degree which he so richly merits. In foreign lands, however, the first agency that reaches the greatest number of people is the medical work and the second is that of our schools. The pastor comes in on the heels of these works and finds a favorable entrance into some of the homes thus reached and opened, and the last step made by these people in their evangelization, is to come into affectionate contact with the pastor, and by him to be received into the church and be ministered to for their upbuilding in grace until they reach the full stature of manhood in Christ Jesus. Wherever the medical work exists it comes to be the scout, and the sapper and miner of the Christian propagand, on whose heels the schools can approach, filling up their ranks from those whose minds this work has prepared for appreciating what they have to

offer. Without doubt the homeland must learn from the foreign field some of its secrets, in order to better its own power of evangelism, especially in its most difficult fields. At the present time there would be no greater and more hopeful agency which could be used in the slums and among the foreigners of our cities than exactly this. Is there any suggestion in this to the minds of any of our readers of the propriety of turning any or all of our philanthropic hospitals at home into evangelistic hospitals, and of spending some of the greatly increased amounts of money from the Centenary on this kind of work, on hospitals that will not only be good and serviceable for ourselves when we need them and for our rich neighbors, but which may also be good and largely used all the time for reaching the submerged classes, whom to approach otherwise than in the times of their great physical afflictions, is such a difficult task.

It was formerly supposed that medical missions should be used only in pagan lands where modern medicine is not understood, and where the people therefore suffer so greatly with disease, and where our very missionary workers themselves greatly risk their lives because of the lack of skilled medical attention. It was in Guanajuato, Mexico, that the first experi-

ment was made by any denomination to see whether medical missions were useful in a country already acquainted with modern medicine. Such was the success attained immediately, that six denominational hospitals were soon constructed in the country and many dispensaries were opened. Large numbers of doctors and of nurses were sent thither and much preparatory work was done. At the close of our wars, when prosperity returns, this branch of our work in Mexico will probably be very greatly developed; and other similar countries are already making provisions for undertaking this kind of Christian labors, in connection with their churches, their schools and their printing presses; and that on a very large scale, indeed. South America is proposing a number of hospitals that will have an initial investment of a quarter or a half a million dollars each. The movement is on and it would appear that hereafter, not only pagans, but semi-Christian countries, are to have a grand development of medical missionary labors; and the so-called Christian countries, which were the first to send the gospel abroad to others, is to be the last to feel the power of the work of the Good Samaritan in reaching that part of their populations which know not Christ.



XI.

"IF I WERE A MILLIONAIRE."

NOT the least hesitation have we in saying what we would do. We would use our fortune for advancing the interests of the work of healing in the name of Christ, and for the extending of His gospel among sinners, and, after all we have seen, heard and felt, we would proceed in the following manner: First, we would seek for cooperation, not only of those of the present generation but also of those which are to come. We would first make a most careful investigation in our efforts to find large groups of Christians who would take upon themselves the most solemn obligations to enter into this cooperation with us. Truly we would like to have the opportunity that the possession of large wealth would give us, just for the delight of seeing how great things we could set a going for our beloved Master!

Though we do not expect to have such a great opportunity, nevertheless we will describe the methods which have occurred to us in our meditations on the subject during many years past, while wielding this arm of the service, methods which seem to us to be the best for securing investments sure to produce the splendid results found in this medical evangelism.

As we have a special love for Mexico, in favor of whose inhabitants we have dedicated all our active life, we would find ways for the investment of the largest possible amounts in this republic. We would set about a thorough-going propagand among evangelical Christians in order to discover who would cooperate in a proper and satisfactory way in this blessed work. We would confer with the leaders of all the denominations which work within the whole extent of the national territory. We would beg them to present the matter to all their congregations and to all their members, explaining to them our plans for the proposed medical labors and the great benefits to come from them, and, on arousing their sympathy and cooperation, we would request that their good intentions should be put on a workable basis by way of a subscription which all should pay annually, in connection with an agreement

to keep up annual canvasses for the securing of new subscribers to fill the places of those who die or fall from grace from time to time and thus maintain the full strength of the initial subscription.

In view of the fact that the evangelical Christians in Mexico are nearly all poor, we would arrange that their annual subscriptions should be used for the payment of the deficits which must always occur in the administration and management of hospitals and dispensaries of this kind, and, we, on our part, would construct for these denominations in all the larger centers where they have established other labors, sanitariums and dispensaries most modernly equipped and as large as they would be able to fill with patients. We would request that these brethren also present this matter before their missionary Boards in the United States in order to persuade them to furnish and support certain leading workers for each of these medical centers. These ought to consist of two doctors, a graduate nurse as a superintendent of nursing, and a matron to take charge of all the domestic affairs, and there should be selected for these positions persons of real ability. At first they would have to be foreign missionaries until our cause takes on greater development in this country, and we shall have

formed strong characters among the Mexicans to replace the missionaries at some future time. We would expend our fortune, not simply our income, but our holdings themselves, on the construction and equipping of such institutions and that in cooperation with only such persons or denominations as would agree generously and enthusiastically to these conditions.

Almost nothing has been published on the subject of medical missionary work, and there is a great lack of knowledge of its nature and its needs. Probably one of the first things that we would undertake would be the preparation of literature on this subject. We would publish tract after tract and circulate them among the brethren of all the denominations, so as to scatter the greatest amount of information and stimulate the greatest amount of thought, hoping thus to awaken a real desire and willingness to cooperate with God and with the millionaire who, having abundant resources, wishes to devote them to the medical work which Christ ordained to be carried on by his propagandists. Having carried on diligently this campaign of literature until we should have secured full returns in the form of subscriptions for cooperating with our proposed enterprise, we would then chose out and accept the offers of those denominations only who appeared to us

to respond in an adequate manner as our collaborators in this great work. If the offers coming from Mexico were not sufficient to require the investment of all our fortune, we would then proceed to other countries in the same manner with first the propagand and then the consideration of its results and the determination of investments with those who would properly respond for the carrying out of this work in a correct way until we should at last have invested our total possessions.

In each case on accepting an offer of cooperation for an investment on our part we would request the organization of a board of directors for each hospital or for a group of hospitals in a given country. This we would have instituted in such a way that there should always be a certain number of ministers, a certain number of laymen and a certain number of Christian physicians. We would follow the example of the Edinburg Medical Missionary Society and that of London, placing the doctors in a dominant position in numbers in this Board, and, among these doctors, placing in the most responsible positions those who were devoting their lives to work as medical missionaries.

Would that some great capitalist might determine upon a course similar to the one we have outlined. It would be worth while to

leave all and go to its aid, in a campaign for the realization of so great a help in this needy, and thus far neglected, part of Christ's work.

In the following chapter we will describe what ought to be done in the mean time, while these great capitalists are making up their minds to give us a call to help them.





XII.

"WHAT CAN YOU EXPECT OF POOR FOLKS?"

ALL have heard this phrase, as also that other which says: "Poor folks must put up with poor ways." The whole matter leads to a general let down to nothingness in the backward countries, and, even in the most prosperous countries, vestiges of this ruinous idea and its consequences are found.

Now we will see what poor folks can do. We will see if they cannot do a great deal more than the millionaires themselves. Carnegie is a good example of the most philanthropic of the millionaires. For a quarter of a century he has been offering to any university, municipality or other corporation to expend

\$50,000 or more on building, then a splendid edifice, on the condition that they will first secure a good deed to the site, and then give annually for the upkeep of the institution 10% of the amount of his gift. Travel where one will in the United States, and Carnegie Libraries meet him on every hand, and the newspapers have been stating for years that he has about exhausted the possibilities of the case, having giving libraries to every such city, town or corporation that is willing to accept it on his terms. In the presence of such magnificent things done by these millionaires, many of us poor people let our hands droop to our sides and feel that we can do nothing; and this is a great mistake, as we will now try to prove. To be able to do anything adequate and that measures up to the necessity of the mighty work of healing that Christ has placed in the hands of the church, two things are absolutely necessary; first, the will to do it, and second the money to do it with.

First, the will. Saint Paul called the attention of the Corinthians to the fact that, in their times, many of the poor were called to be disciples of Christ and but very few of the rich. James refers to the same thing when he says. "Hath not God chosen the poor of this world, rich in faith and heirs of the kingdom which.

He hath promised to them that love him." The will to give generously is always found among the *true disciples* of Christ, and is very rarely found among those who are "rich in this world."

Second, money. It is true that a single poor man has very little money, but we must take into account that of poor men there are a great many, whereas of rich men there are a very few. When we were born there was said to be only one millionaire in the United States, whereas now there are said to be several thousand. Suppose that there is one millionaire for every 25,000. The average income of the people in the United States is about \$300 for each man, woman and child. Multiplying \$300 by 25,000 and you would have seven and a half million dollars, the annual income of 25,000 poor folks. If the millionaire was able to make his capital produce him 5% per annum, which is a very high percentage to be able to secure on large investments, he would only have \$50,000 a year income, so that we see that 25,000 inhabitants of the United States have 150 times as much income as a millionaire. If they have the "will," they can do 150 times as much as a millionaire can do. Now, if in a country where there are more millionaires than anywhere else, these poor folks can do 150 times as much as a millionaire, keeping in mind that these poor folks are far

more willing to support the work of God generously than our millionaires, it seems to us that we have proved that poor people can do more than the millionaire.

We will take Mexico for an example, where we are said to have one hundred thousand protestant Christians at the present time. Now if these poor protestants of Mexico should bring forth this excuse before God, saying: "What can you expect of poor folks," God would answer them in the words of Malachi (III.10.) "Bring all the tithes into the storehouse, that there may be meat in mine house, and prove me now herewith, saith the Lord of Hosts, if I will not open to you the windows of heaven, and pour you out a blessing that there shall not be room enough to receive it."

What I would suggest to the protestants of Mexico is that a propagand be begun by the use of the printing press, by preaching and by conversations of the pastors, teaching these things to the people. As soon as we have a list of twenty-five thousand or any larger number of the members of our churches who, in the agregate, have an income of seven and a half million dollars a year, ready to bring all their tithes into the storehouse of God, we will be in as good a position as if we had 150 millionaires ready to help us. The tithe of this seven and a half millions would be three quarters of a

million dollars. We could divide this into three parts, a quarter of a million for the support of the pastorates, another quarter of a million for the support of the schools, and the last quarter of a million for the support of the medical work. With our very first years income we could begin the construction of large medical missionary centers in three of the principal cities of the republic, for instance, Mexico City, Puebla, and Guadalajara. Within three years we could finish building, in each of these three cities a medical institution worth a quarter of a million dollars, and, the fourth year, we could begin the formation of medical missionary centers in such populous regions as have near a hundred thousand inhabitants, beginning in one new city each year, expending from \$150,000 to \$200,000 in each place, and having money enough left over to cover, first, the deficits caused in the management of the first institutions which we had finished, and, second, for carrying on the propagand to secure more tithers to take the places of those who fall from grace or die, and also to increase the number of the tithers with which we first began, and, in the third place, to carry on the administration of this great national medical missionary enterprise in some central place which might be chosen. In 12 years we would be able to

conclude the construction of 10 magnificent institutions in 10 of our largest and most influential centers of population in the country. In the following 15 years we could go on constructing in centers of population of 50,000 inhabitants, beginning in one or two new places each year and expending perhaps 50,000 in each center. So at the end of 25 years we could have from 30 to 40 institutions extending physical aid to a 100,000 afflicted people, or a total of two and a half million people in twenty-five years.

Beside this, during these first 25 years we could have developed in Mexico City, which is our greatest center of population, a Medical Missionary College, where we would be able to educate a sufficient number of Mexican Christian physicians on a basis that would rapidly correct, so far as Mexico is concerned, the great mistake that was made two generations ago, in allowing medical education to slip out of the hands of the church and into the hands of those who educate our physicians so as to leave in them little will or desire to use themselves or their science for the service of Christ. Now neither Mr. Carnegie, Mr. Rockefeller, nor Mr. Vanderbilt nor any other of these great millionaires could do what the first little group of perhaps 50,000 poor people could do in Mexico, for

the simple reasons; first, that they have not the will to do it. Mr. Carnegie's will, for example, does not go farther than the establishment of libraries, for he has never been willing to give his money for the support of the gospel, and much less for the evangelization of the pagan world; and, second they could not do it because they could not live always. Christians organized in this way will live to the end of time and be able to keep on doing Christ's work until Gabriel blows his trumpet; and in the third place, Mr. Carnegie, and others like him, could not do this kind of work without organizing people who would agree to keep the inexorable rule laid down by him in the case of the libraries, to the effect that the people in the localities must furnish the site, and 10% per year upon the amount of his investment, to be used for the running expenses. If we need to do this in order to get the aid of a multimillionaire, if the day ever comes when there is one single multimillionaire who is willing to give his money for the kind of work we are describing, then we would not need his help, because, with these 50,000 people organized for this purpose, we would have plenty of money, both to build and to carry on the work of healing, and that without subjecting ourselves to the judgment or will of any millionaire.

It is easy to see also that it is not necessary to await the day when we can get together 25,000 tithers. We can begin this work, if we have the will to do it, at any time and with any number that we may be able to associate, after having first devoted a reasonable amount of time to propagand in relation therewith.

Have we not proven that there is no reason for the poor Christians to despair, and that all they need is the will, and, with the Divine leadership, all things are possible to him that believeth through Christ who strengtheneth him? To as many as are convinced, be it permitted to us to congratulate them in the highest degree, for to them is the promise of Christ which says that they shall do greater things than He did in Palestine.



The remaining chapters of this book are from the pen of Dr. James L. Maxwell of London to whom we have made many references in what we have already written. He published them in "Medical Missions at Home and Abroad" two years ago. As soon as we saw them, so high was our appreciation of their intrinsic value that we immediately wrote him and secured permission to republish them in various forms and increase their circulation to the greatest possible extent. We have already published them in the "Abogado Cristiano" in the Spanish language, and will place them in the books that we publish on this subject both in English and in Spanish. We cannot commend too highly these closing chapters from this master missionary, and trust that the seed thoughts which they will sow in the minds of our intelligent and sincere readers will spring up to a mighty fruitage in the right understanding and the proper application of Christ's will and intention in the future evangelization of this world.



XIII.

PREACHING AND HEALING: THEIR RELATIONS BEFORE PENTECOST.

I.

IN the Scripture record, alike in the Old Testament and in the New, bodily healing is always wrought by miracle. That does not mean that there was no healing apart from miracle, but that, for the purposes of Revelation, only miraculous healing is described. If we ask why this should be so, the only answer is, we think, that in a Book which reveals God to man, and reveals Him in its length and breadth especially as a Saviour, only that is admitted which will not blur the record. Bodily healing plays a large part in Scripture, but always as a revelation of the power and mercy of *God*. It lies alongside the revelation of God

as the Saviour of man from sin, the spiritual malady which is infinitely worse and lies behind and deeper than all bodily disease. In revelation it not only lies alongside the salvation of the soul from sin, but it does so as the chiefest illustration of that salvation, alike of its reality, and of the way in which it comes to pass. Bible healing, had it been sometimes miraculous, and sometimes healing by means of medicines or human skill, would have confused the picture. God means us to recognize that the birth of a soul into the Kingdom of God is always a Divine and miraculous act, and, to make this the more evident, the bodily healings of Scripture which illustrate the soul's salvation are also of the Divine and miraculous kind.

II.

In Scripture you never find the miracle of bodily healing separated from the Divine message or messenger. You have often enough the Divine message or preaching by itself, but never the miracle of bodily healing. The meaning of this is plain. The Divine message is central. In one form or another it vivifies and fills all Scripture. Not so the miracle of bodily healing. It is not central. It has its part to serve in revealing God, but it is subsidiary to and as a handmaid to the Word of Life.

In the Old Testament the miracles of bodily healing are few. In the New Testament around the person of Christ they are a great multitude. But whether in the Old Testament or in the New, they are linked on to the Divine Message or to the Messenger who is in some sense the embodiment of the Divine Message.

In the Old Testament we have the cleansing of Miriam's leprosy; the healing of the serpent-bitten Israelites by looking on the Brazen Serpent; the restoration of Jeroboam's withered hand at Bethel; the raising of the widow's son at Zarephath; the raising of the Shunamite's son; the cleansing of Naaman's leprosy; the resurrection of the dead man by touching Elisha's bones; and the healing of King Hezekiah. All of these eight miracles of bodily healing or restoration are associated with one or other of God's prophets, with Moses or Elijah or Elisha or Isaiah or with the prophet who came from Judah to Bethel. Some of them are linked with a distinct message from God, and all of them, in the persons of the prophets, carry with them the impress of God's holiness.

III.

Our Lord Himself is the best teacher concerning the relationship between the preaching of the Gospel and the Healing of the sick.

In His conversation with Nicodemus (John iii.) He is intent on helping a Master in Israel to receive believingly the mystery of the new birth. He takes him back to the scene in the wilderness when in the midst of a rebellious and murmuring, but now consciously Divinely smitten people, Moses lifted up the Brazen Serpent upon a pole. It is in the view of all Israel, and throughout the vast multitude the word goes forth "Look and live." Nicodemus doubtless had often pondered over this mystery of bodily healing. He could not question the fact, but how a look at a piece of brass could bring to a man poisoned and dying by the serpent's venom an instant renewal of life and health, was beyond him, as it is beyond us. It was the power of God setting the seal of blessing on the obedience of faith.

Now it is significant that our Lord should choose this, the only miracle in the O. T. Scriptures of bodily healing on a large scale, to illustrate the way of salvation. The salvation which brings a soul into eternal union with the Lord of Life is an infinitely greater thing than the healing of bodily disease, but the bodily healing and the way in which it came about, served our Lord as the very best of illustration of His own marvellous work on the Cross. Bodily healing then is first of all an

illustration of the more glorious healing of the soul, and, in this case of the serpent-bitten and dying Israelites, an illustration also of the mystery of spiritual healing.

(2) But again we are told by our Lord Himself, the miracle of bodily healing is a testimony to the power of our Lord to do the far more wonderful work of forgiving sin and bringing peace to the wounded conscience. In Matthew ix. 6 we read: "But that *ye many know* that the Son of Man *hath power* on earth to forgive sins (then saith He to the sick of the palsy), arise, take up thy bed and go unto thine house, and he arose and departed to his house." Bodily healing then is not only an illustration of spiritual healing, it is also a testimony to the power of Christ to give spiritual healing.

(3) And once more, bodily healing is an evidence of the compassion of Christ towards human suffering and sorrow. The story of the widow of Nain (Luke vii. 11) is singularly pathetic. She was a widow, following the bier of her only son, weeping as she went. And when the Lord saw her, we are told that He had compassion on her and said "weep not," and thereafter raised to life the dead son. Both then and in a multitude of other cases, this compassion of our Lord towards suffering and sorrow is blessedly manifest.

Bodily healing, then, our Lord Himself teaches us is:

- 1.—The best of all illustrations of spiritual healing.
- 2.—The best of all evidences, in the form of miracle, of the power of Christ to heal the soul.
- 3.—The best of all testimonies to the compassion of Christ and to His sympathy with the physical suffering and sorrows of men.

IV.

When our Lord sent forth the twelve, and later the seventy "two and two before His face into every city and place whither He Himself would come" (Luke ix. and x.), He entrusted them with two great gifts to be used in His service. The first was a clear and definite message of good tidings: "The Kingdom of heaven is at hand," and the second was the gift of miraculous healing: "Heal the sick, cleanse the lepers, raise the dead, cast out devils; freely ye have received, freely give" (Matt. x. 7, 8).

The most important of these two gifts was, of course, the Divine message, "The Kingdom of Heaven is at hand." But for this message, there would have been no mission. We our-

selves are apt to read this message too easily, and yet it was the grandest and most wonderful message that had fallen upon human ears since the day of the Eden promise. What was then in the dim future was now close at hand. The desire of the ages, the hope of a fallen world, was at the door. Type and prophecy were about to pass, and the greatest of all Kingdoms, the Kingdom of God, was ready to appear. For 4,000 years men had walked in the shadow of the coming Kingdom, and to men like Enoch, Moses, Elijah, David, Isaiah and Daniel, even the shadow had been full of unearthly blessing. But now what kings and prophets had longed to see and had not seen, was wrestling through to an immediate and glorious manifestation.

We must remember also that all men in the cities and villages of the Holy Land knew that behind the men who carried the great message, there was one, the prophet of Nazareth, spotless in holiness, His lips overflowing with words of grace and His hands with deeds of power. They knew that it was He to whom John the Baptist, whom all men regarded as a prophet, had borne the most explicit testimony. He it was who should baptize with the Holy Ghost and with fire. The air also was full of expectation, the time was ripe for the coming of the Kingdom, and these messengers, with neither

purse nor scrip, but filled with intense earnestness, were now sounding out with a voice of assured conviction that the Kingdom of heaven was at hand.

Such a message, with the backing of such a prophet might well have stood by itself. But more earnest than the most earnest of His messengers, our Lord would omit nothing that could give a fuller force and majesty to the message, and it is here that we read the secret of the gift of healing. He was eager to help the people to a willing reception of the Divine message. He himself knew, as none of the disciples knew, how near the manifestation of the Kingdom really was, and so far as the people were concerned, how much of blessing or of doom depended on their treatment of the message. And so we have all the messengers filled not only with the urgency and importance of the message itself, but gifted also with a visible power of healing which covered every form of disease, not excluding leprosy or demon possession, and even including power to raise the dead.

We have no difficulty in recognizing that while the Divine message was marvellously great, it was supported and illustrated in the noblest fashion by a gift which appealed to what was most accessible in human nature,

the power to appreciate sympathy and kindness. The gift of healing was itself wonderful and it had its own revelation of the tenderness and compassion of God, but it was essentially subordinate to the Divine Message.

It is worth noting that in the missions of the twelve and of the seventy, the power to heal was a gift which they could exercise freely as long as the missions lasted. They did not need to return to their Master for fresh power. He might be ten or a hundred miles away, and though of course their work implied a certain measure of spiritual communion with their Master, the gift was theirs to exercise as fully as possible.

We do not read that the twelve or the seventy asked for this power. No prayer for it is ever mentioned. It was the gift of Christ, as the message was, put into their hands for the specific time and purpose. The disciples themselves understood only partially the nature and greatness of the kingdom, the nearness of which they were sent forth to proclaim, and they were, in a sense, passive recipients of the extraordinary power to heal which was conferred upon them. In this respect the apostles before Pentecost and after Pentecost were in strongly contrasted positions. With this last we deal in the following chapter.



XIV.

PREACHING AND HEALING.

II. AFTER PENTECOST.

I.

HE coming of the Holy Ghost was at the same time the coming of the Kingdom of Heaven. It was no longer "at hand," near to come. It was there, and there with power, not as an earthly Kingdom with outward glory, but as the Kingdom of Heaven in its visible manifestation of spiritual fruits and spiritual power.

The essential characteristics of this spiritual Kingdom as seen in its citizens are:—

1. A new life—Christ in them—seen in the Love, Joy, Peace, and other graces of

- the Spirit which make for spiritual life and power;
2. A new intellect—new in the sense that its normal, not to say its highest exercise is found in daily communion with God and in apprehending the things of the Spirit;
 3. A new service, the service of Christ, under the constraint of a new motive, love to the Saviour; and
 4. A new message, the, great glad message of salvation from the guilt and power of sin, a salvation free, full and immediate to every one who will receive it.

II.

It will be noticed by the careful reader of the New Testament that there is a twofold distinction between the terms of the Great Commission given by the Lord to His disciples for communication to the whole world, and those of the Commission given to His disciples when He sent them during His ministry into all the cities and villages of the Holy Land. It is not only that the Great Commission is gloriously complete in its fulness and freedom of proffered blessing, as well as in its world-wide application, but that it stands *alone*. It is not coupled with a word of instruction concerning the healing of

the sick, the cleansing of the leper or the raising of the dead. Neither on the mountain in Galilee (Matt. xxviii.), nor in the upper room (Luke xxiv.), nor in the significant conversation by the Lake of Galilee (John xxi), nor in the final instructions before the Ascension (Acts i.) is there a single word besides those associated with the Gospel Message and its proclamation.

It is left to the evangelist Mark to give us the one post-resurrection word of our Lord on the subject of healing. In Chapter xvi. verse 17, after the setting forth of the great Gospel Commission, we read "And these signs shall follow them that believe: in My Name shall they cast out devils; they shall speak with new tongues; they shall take up serpents; and if they drink any deadly thing it shall not hurt them: they shall lay hands on the sick and they shall recover."

Why should there be this marked distinction between the ministry commission *to preach and heal*, and the post-resurrection commission in which healing scarcely comes in at all, and not as a direct command, but only as an intimation that certain signs should follow them that believe?

It is enough to answer that while the Lord is careful that the subject of healing of the

sick should not be altogether omitted, He is equally careful that the Gospel message, in its singular majesty of blessing, shall stand clear of all subordinate and auxiliary good gifts. There must be no confusion. The Gospel message is so great, so wonderful, so blessed that it must stand out from and above every other gift which God may bestow. It is commanded to be preached to all the world, and whilst in its glorious supremacy of Divine fulness of blessing, it cannot help, as it were, carrying in its trail other and subordinate favours, the Gospel itself must be recognized as the Message of Life Eternal which in its height and depth of Divine Love and Mercy stands for ever alone.

III.

Not only so, but when we look at the attitude of the Apostles and other disciples after Pentecost toward the healing of the sick, we find that they stand to it in quite a new relation. No one can shut his eyes to the vast amount of miraculous healing of the sick during apostolic times, nor to the influence which such healing had in the spread of the Gospel. It began also to be exercised immediately after Pentecost, and in Acts iii., in the healing of the lame man at the gate of the temple, we have one of the most

significant illustrations of its power to pave the way for a preaching which was blessed to thousands of souls. So also, thirty years later, in the Ephesian Metropolis of heathenism, and over against the power of the devil to enslave a people by the occult practices of magic and sorcery, we have in the hands of the Apostle Paul a display of frankly miraculous healing power in the Name of Jesus, which influenced the length and breadth of Asia Minor.

This post-pentecostal power of miracle, however, and its gracious influence in the spread of the Gospel, is exercised by the Apostles and other followers of Christ from a new standpoint. The twelve and the seventy in the pre-pentecostal missions were in a sense passive recipients alike of the message "the Kingdom of Heaven is at hand," and of the healing gift. They themselves only partially understood the greatness of the message, and they exercised the healing power in the Name of Christ, in obedience to their Lord's command. They had themselves neither asked the gift of healing nor had they *consciously*, apart from their sincere belief in our Lord's Messiahship, anything to do but to receive and obey. We find also that when the seventy returned to their Master at the close of their mission, they were more eager to tell Him about their power in His Name to

cast out devils, than about the more important result, viz., what response had the people given to the message of the Kingdom. Our Lord had gently to remind them that they were putting such a value upon miraculous healing as was blinding them to the far greater blessing of their part in the Kingdom of God. They were setting more store on gifts than on grace.

All this was changed by the coming of the Holy Spirit. Not only did they now realize, as never before, that they themselves were united in eternal bonds with the Son of God, and that His Cross which had been their horror had now become to them the subject of continual glorying as the unfailing fountain of blessing, but they were speedily aware that certain other things, and notably the gift of miraculous healing, stood to them in quite a new relation.

Acts iv, 29 and 30 is in this respect a most enlightening passage. The Apostles Peter and John had returned from their trial and testimony before the Sanhedrim. In the presence of the High Priest and his associate judges, they had boldly exalted the crucified and risen Christ as the only ground of salvation. They had now reported to their brethren all that the chief priests and elders had said to them. And as a result the whole company betook themselves to prayer. Their prayer is especially

for boldness to preach Christ: "Grant unto thy servants that with all boldness they may speak Thy Word." But they show very plainly (having in mind the wonderful spiritual results associated with the healing of the man at the gate of the temple), what they thought of the value of miraculous healing. They unite with their prayer for boldness a plea for Divine help "by stretching forth Thine hand to heal, and that signs and wonders may be done by the Name of Thy holy child Jesus."

This plea with God to stretch forth His Hand to heal, reveals and defines a new attitude on the part of the leaders of the young church of Christ towards healing miracles. They are no longer passive agents, fulfilling their Master's command to preach and heal. They are active agents who are conscious that, as spiritual men, they have themselves something to do both with the power to preach and with the power to heal. They have begun to realize the meaning of the word in the upper room "*Without Me ye can do nothing.*" The new fellowship with their Lord through the indwelling Spirit has not only brought them into conscious and intelligent knowledge of riches untold in Christ from which they are invited to draw, but into a new knowledge also of themselves and of their helplessness apart from Christ. And their

double knowledge has made prayer not only the living link with their Master, but an absolute necessity to their life and service.

Here, then, we get the apostolic view of the relation between preaching and healing.—

1. They have themselves a part to play in relation to both. The outpouring of the Holy Spirit has brought them into an active fellowship with their Lord for His service, a fellowship which necessitates the life of prayer for every thing relating to that service;
2. The young Church recognizes that its *one chief work* is the witness for Christ to all the world. Such witness needs a courage which is to be obtained and nourished by constant prayer;
3. The young Church also recognizes that the healing, the miraculous healing of the sick, is, as an accessory to the preaching of the gospel, of immense value; and
4. That the power to heal is a gift also to be won by daily prayer, and to be used only for the extension of the Gospel.

All this marks an immense advance from pre-pentecostal times, an advance made possible by the higher conditions of fellowship into which the coming of the Holy Spirit has lifted the believer. He has become a conscious fellow-

worker with God. The riches of the Kingdom he sees to be great beyond measure, but he sees also that from himself as a fellow-worker with God, the Lord claims a continual putting forth of spiritual energy in order to avail himself of them.

IV.

In the amazing story of the Church's progress as set forth in the Acts of the Apostles, and in various hints which come to us as we read the Epistles, we recognize that the one overmastering desire of the Lord's servants is the spread of the Gospel throughout the length and breadth of the Roman world. They lived very close to their Master, they prayed continually and believingly, and He gave them an extraordinary boldness in witnessing to His Death and Resurrection, with the result that in the single lifetime of the Apostle Paul, the Gospel had been carried to the remotest parts of the empire.

We learn further, that as missionaries of the Cross and Resurrection, they were vividly conscious that the one subordinate and accessory power to assist them in their great work was the gift of miraculous healing of the sick. For this also they had to live in constant prayerful communion with their Lord, and every-

where we find that the miracle of the Gospel is associated with the visible manifestation of Divine power upon the bodies of men, wrought through the hands of the Gospel messengers.

And, finally, we find that the Holy Spirit so held in His own hands the direction of this gift of miraculous healing, as a gift to be used only for the purposes of Gospel extension, that Paul could neither use it in his own personal behalf, nor for such other Christian workers as Epaphroditus and Trophimus and Timothy. The only instance of which we read in the Apostolic record of a believer receiving miraculous healing is that of Dorcas. In answer to Peter's earnest prayer, her life was restored, but even in her case the significant sequel is given that in Joppa, "Many believed in the Lord."

In the following chapter we shall look at the same subject as we find it in Modern Medical Missions.





XV.

PREACHING AND HEALING.

III. TO-DAY.

THE SCRIPTURAL BASIS OF MODERN MEDICAL MISSIONS.

IN the eyes of the vast majority of Christian men, the medical missions of to-day are regarded as taking the place and fulfilling the purpose of the miraculous healings before and after Pentecost. There is, however, between a miracle and the slower healing processes of medical and surgical skill, so startling a contrast, that it is incumbent on the medical missionary of to-day to satisfy himself that, as a servant of Christ, he is in the direct line of succession. While holding firmly to his claim that he accomplishes by his medical and surgical skill

even more than was accomplished by miracle, alike for the glory of God and the good of man, he also insists that such a claim, instead of being presumptuous, is founded on a right interpretation of the Divine methods as revealed in Scripture. And he further urges that if the Church of Christ failed to use medical missions to-day as a Divinely provided aid to the carrying out of the Great Commission, she would be guilty of a grievous failure to recognize the will of God for these last times.

We are living to-day in the third and last of the missionary periods inaugurated by our Lord and Saviour. The first was during our Lord's ministry when He sent forth the Twelve and the Seventy to announce to all Israel that the kingdom of heaven was at hand. The second covers the Apostolic period, when, after the coming of the Holy Ghost, the disciples of Christ went forth to proclaim that the Kingdom of heaven had come and was now open to all who would receive the Gospel. The third is upon us to-day, beginning with the dawn of the nineteenth century and manifestly destined to go on till the Lord Himself shall come.

These periods have each of them this distinguishing mark, that, associated with the great Gospel message in each, there has been also a ministry of bodily healing which has

covered in a significant and marvellous fashion the whole ground reached by the message. In the first period the healing ministry reached to all the cities and villages of the Holy Land. In the second period, it reached to the whole Roman world. And in the third period, that in which we live to-day, the healing ministry is reaching out alongside of the Gospel, to the whole extent of the heathen and mohammedan worlds.

There have been no other periods in human history in which this union of the Divine message of salvation, with an equally widespread ministry of bodily healing, has ever been manifested. We can neither overlook the fact of this thrice repeated union, nor fail to recognize that behind it is the will and purpose of God for the fuller manifestation of His mercy and love to men. Our concern in this paper, however, is not with this larger subject, but with the contrast between the three conditions or methods of healing attached to the three missionary periods. It is only by the observation of this contrast that we learn to recognize and to justify the modern medical missionary's claim to be in the Divine line of *succession* and of *advance*.

I.—THE FIRST PERIOD.

When our Lord sent forth the Twelve and the Seventy, He not only gave them the Word to preach, "The kingdom of heaven is at hand;" but He added also the well-known words, which made them His ministers of healing, "Heal the sick, cleanse the lepers, raise the dead, cast out devils; freely ye have received, freely give" (Matt. x. 7, 8.) These words concerning healing represent an absolutely unlimited gift of miraculous power to heal. No such gift was ever again given in a like *unlimited fulness* or miraculous power. And to whom was it given? To two bands of men who loved the Lord and believed in His Messiahship, but who were still very ignorant of what the kingdom of heaven meant. They were quite willing to obey what their master commanded, and especially as obedience was associated, for the time being, with the enjoyment of a power which could not fail to give them a notable prestige in the eyes of their countrymen. Not only so, but they needed neither silver nor gold, nor change of raiment; neither had they to have any anxiety about places in which to dwell, nor about the length of time in which, as non-paying guests, they should reside in any particular dwelling. Their Master, though He went not

with them, took care of all this; and as they themselves testified later on, they lacked absolutely nothing.

What we have to note about all this unique clothing of power which the Twelve and the Seventy enjoyed, is this: that it was put upon men who were not only still very ignorant of what the kingdom of heaven meant, but who for personal holiness could not compare with the same men after Pentecost. Their share in the work was obedience, and the obedience of *servants*, not the obedience of men who were able to enter into their Lord's mind as His fellow-workers and friends. We are not to measure either the knowledge or the holiness of these men by the extraordinary gifts bestowed on them for the work they had to do. The maximum of miraculous gift and power was associated, in the first missionary work of our Lord's disciples, with the least of knowledge of what the kingdom of heaven meant and of the least conscious and intelligent fellowship with the Lord in His work. The position in this first period might be stated thus:—

That when the absolute power for miraculous healing was most fully possessed by our Lord's disciples, it represented the lowest measure of confidence reposed by Christ in the disciple body. It was the possession of servants.

II.—THE SECOND PERIOD.

The second and much more remarkable period, in which preaching and healing were manifested in close conjunction, began with the advent of the Holy Spirit at Pentecost, and continued through Apostolic times. We recall here our Lord's words in the Upper Room, "Henceforth, I call you not servants; for the servant knoweth not what his Lord doeth; but I have called you friends; for all things that I have heard of my Father I have made known unto you" (John xv. 15.) At Pentecost the Apostles and members of the infant Church entered, as intelligent friends of their Lord, into a clear knowledge of their Master's purpose, and went forth to preach the Gospel to the then known world. They were now in a much truer sense fellow-workers with God.

Alongside of the Gospel preaching was the equally widespread healing ministry as we see it in Jerusalem and Judea in the hands of Peter and Stephen, in Samaria in the hands of Philip, and throughout the Gentile world in the hands of Paul and Barnabas. And we are at liberty to believe that as in their hands, so also was it in the hands of the other Apostles and evangelists in their several spheres of labour. But the healing ministry was no longer on the same

footing as in the first period. Curiously, as we at first might think it, their entry into much closer and intelligent fellowship with their Lord in His work brought limitations to the healing power. One limitation was their absolute dependence on the Holy Spirit's guidance as to the sphere of the exercise of healing. Paul might heal the impotent man at Lystra, but he could not heal Epaphroditus, nor Trophimus nor Timothy. The healing power was, mainly at least, under the direction of the Spirit for the extension of the Gospel. Further, as we see in Acts iv. 29, 30, the young Church realized that the power to heal was henceforth dependent on God's willingness to hear prayer for such power. It was now linked up with a life of prayer, and claimed from them, as their share in it, the putting forth of spiritual energy in the closeness of their walk with God. As disciples of Christ, they had now made a vast advance from the days when the Twelve and the Seventy went forth on their mission to preach and heal: but as fellow-workers with God they had to realize, as they did not do then, such a consciousness of weakness and unworthiness in themselves as bound them to God in the constant exercise of faith and prayer. The position in this second period might be thus stated:—

That when, as after Pentecost, the

power for miraculous healing was no longer absolute but limited, it represented a great advance in discipleship, and a much larger confidence reposed by Christ in the disciple body. Their power to heal was the possession not of servants but of friends.

III.—THE THIRD PERIOD: TO-DAY.

We come now to the discussion of the third and last great period of missionary labour, that which is proceeding before our own eyes. As in the two previous periods, it presents a marked conjunction of preaching and healing, but the healing work is no longer by miracle, but by the knowledge and skill gained by our medical missionaries at the medical schools.

No doubt is entertained that in the good providence of God, the Church of Christ at the dawn of the 19th century entered upon what is proving itself to be by far the most wonderful of its missionary eras. It now aims to reach the whole world with the Gospel. It is steadily increasing the number of its missionary labourers. It has multiplied its organizations so as to reach effectively not only men but women and children. It has brought into the missionary host a vast number of missionary women who are doing an incalculable service in promoting the advance of the Gospel. It has faced, and

is facing ever more fully, the problems of missionary education. It deals not only with Caesar's household, but if possible with Caesar himself, and it stretches out its hand to the outcasts and to the cannibals. The whole Church is awaking to the greatness and urgency of the missionary claim.

It would be very strange if, after all that we read in Scripture of the use of healing in association with the two periods of missionary effort which it records, no place were found in the last and most extensive of missionary efforts for a similar association. We contend that such a place is found, and that the vast system of medical missionary effort, quite as extensive as the Church's work of missionary evangelization, has under the guidance of God taken the place of the miracle healings of the first and second missionary periods.

We recall here another of the great words of the Upper Room: "Verily, verily, I say unto you, He that believeth on Me, the works that I do shall he do also; and greater works than these shall he do; because I go unto My Father" (John xiv. 12). It is usual to interpret these remarkable words as referring to the miracles of the Apostolic period. It is so far quite right to do so, but it is wrong to limit them to that period only. Our Lord has the

long history of His Church before Him, and He certainly was not forgetful of the great missionary era of the 19th and 20th centuries. He knew well what the conditions of the modern heathen would be, its ignorance, its moral degradation, its cruelties, its sorrows and sufferings. He knew how these in the hand of Satan would hinder the Gospel, and how the multiplied forces of medical missions would illustrate the power and beneficence, and the Divine origin of the Gospel, and how widely and deeply they would express the sympathy of a living Saviour with suffering men. And the medical missionary claims that the Saviour Himself, in His utterance in the Upper Room, was referring not only to the Apostolic period and its miracles of healing, but also to the missionary period of these last times with its far greater wealth of physical healing than was manifested in Apostolic times.

A REMARKABLE COINCIDENCE.

Neither can we overlook the fact that coincident with the advance of missionary effort in the last hundred years, the Lord has step by step been putting into the hands of His medical missionary servants ever increasing treasures of knowledge which have made their power among the heathen more and more wonderful. The

discovery of chloroform and of ether belongs to the missionary era. The discovery of anti-sepsis, with its manifold relations to successful surgery, belongs to the missionary era. The discovery of microbic pathology, with the singular wealth of knowledge and power which it bestows on the healer, belongs to the missionary era. The discovery of the X rays and of radium belongs to the missionary era. And all these discoveries, with the hygienic teachings concerning light and air and cleanliness, which are applicable everywhere, have made for the advantage of the Gospel in missionary effort

THE TRANSITION FROM MIRACLE TO SCIENTIFIC SKILL.

There remains, however, what to some is the crux of the whole matter, the question, How shall we explain the transition from miracle to scientific skill? How even compare two such diverse methods? and how make what seems a daring claim, that the last is better than the first?

We answer first that the coming of the Holy Ghost at Pentecost is the explanation of the transition. He opened the eyes of men's understandings. They saw the glory of God in the face of Jesus Christ. Divine Righteousness and Divine Love now shone down on them from

the cross, and they saw Him who is the Divine Righteousness and Love exalted to the right hand of the Majesty on High. Light was the first essential in the new creation as in the old. But Light was in order to fruitfulness, and the most wonderful of all the fruits of the Indwelling Spirit in man was Love. Love was not only to be seen reigning on the throne in heaven, but Love was to be begotten in and to find its way to the throne of every believing heart. And so, from the moment of the advent of the Spirit, a movement of love to God, and love to one's neighbour which has proved itself to be the mightiest force the world has ever seen. Desire and effort for the salvation of men may be said to represent its highest and noblest aim in their behalf, but in the steps of Him who went about doing good and healing all who were oppressed of the devil, it carried with it also every possible labour for the amelioration of human ills. And when we speak of human ills, the most patent and the most acutely felt have ever been the needs of the human body in its struggle with all the forces which make for weakness, sickness, injury and death.

The Day of Pentecost was as the first sound of a trumpet which declared war against all the fruits of sin in human suffering, human ignor-

ance, and human depravity. Barnabas, the son of consolation, selling his lands in Cyprus and laying all at the apostles' feet for the sake of his brethren's need, was a prophet, all unwittingly, of the treasures of love and sacrifice which the Church of God would in the course of its history lay at Jesus' feet. The advent of the Spirit, and His gracious working in human hearts, have been the fountain-head of the boundless river of mercy and love which has sweetened the salt land of our sin-stricken earth.

The question is, Does this boundless river of mercy and love include all those quickenings of the human heart and mind, which have slowly but surely led up, in the various realms of science, to all that makes for the health and comfort of man and for the cure of his diseases? We say emphatically that it does. To say that it does not is to say that the advent of the Holy Spirit and His work were strictly limited to the preaching of the Gospel, and that Barnabas in selling his lands, and Paul and Barnabas in carrying up from Antioch the gifts which were to minister to the needs of the suffering saints in Jerusalem, were entirely mistaken in their action. No one would dream of saying anything so absurd. But if so, wherein lies the difference between gifts of money for the relief

of hungry saints, and gifts of knowledge which are transmuted into medicamenta for suffering saints? There is absolutely no difference. Love lies behind both, and behind love in the heart of man is the Spirit of God.

THREE OBJECTORS.

But here come there objectors. The first says, "You are speaking of the Church of God, but what of the multitude of scientists in this and other lands who have owned no allegiance to Christ, and may even have railed against Him, but who nevertheless by their discoveries have rendered most valuable service to humanity?" It is a fair question, but the questioner forgets that the influence of the Church of God, as the salt of the earth, extends far beyond its membership. The civilization of England is unquestionably founded on the Christian teaching which has pervaded the country, and though the membership to-day in our Churches is limited, the influence of Christian teaching lies behind *the whole* of our civilization; and many who may rail to-day at Christian doctrine, owe all they have of mental power and direction to the atmosphere of the Christianity which they now profess to despise.

"Ah, but," says a second objector, "what do you make of the vast amount of science

deliberately devoted to devilry?" Another fair question, but the questioner should remind himself that men do not dream of discounting the beneficence of sunlight because some men utilize it for purposes of wickedness. We can abuse a good thing, but the abuse will not alter the essential goodness of the thing or its original intention and scope.

But a third objector says, "See: it is not as in the old times when the miracles wrought by the Apostles and others were practically limited to unbelievers and to the heathen; now all classes, believers and unbelievers alike, Christian peoples as well as the heathen share in the bounty and privileges of the healing art; what do you make of that?" Well! we admit the fact, the blessed fact, that the Father of Mercies, from whom cometh down every good and perfect gift, has swept away the limitations of the old time, and is pleased to let the flow of His healing mercy extend to all classes and nations, Christians and non-Christians alike. Such is His gracious will. Shall we grieve because our Lord in the plenitude of His sympathy with human suffering has thus extended His bounty? Is it not like Him, that ere this dispensation closes He should manifest His healing mercies more widely than ever? Is it not to the glory of God to-day that this

Christendom of ours should possess not only the Gospel which it many give to the heathen, but also such a wealth of healing mercies as far transcends what was bestowed when miracles abounded?

For we must emphasize this fact, that the work of modern medical missions among the heathen is, when rightly viewed, vastly in advance of what was accomplished in the days of miracles. We say *when rightly viewed*, for to the superficial observer the individual miracle, in its swiftness and completeness, seems far beyond anything that the most skilled surgeon can accomplish. And so it is, but the comparison must not be limited to the single point of individual healing. Such a comparison would be altogether inadequate. A miracle of healing in the depths of Galatia, even at the hands of the great Apostle, would be a miracle and nothing more. Whatever it may have done for the spread of the gospel we have no record that it ever did more for the physical advancement and the health of men.

But in heathendom to-day, in the heart of China and India, and in the darkest parts of dark Atrica, the healing work of the medical missionary is a very fountain of physical blessing which goes far beyond the individual healing. A modern hospital among the heathen embraces a wonderful array of teachings. First

of all, as an evangelistic power, the hospital among the heathen embraces a wonderful array of teachings. First of all, as an evangelistic power, the hospital influence is not that of an hour a day as in the case of the miracle. It brings a cumulative and ever growing pressure to bear on the minds and hearts of the crowds of men and women who occupy its beds. They watch the order, the regularity, the steady kindness of the doctor and his assistants, their skill and their lives, and they hear from day to day that the Lord Jesus Christ, a *living Saviour*, is behind it all. They are compelled to think, they are obliged to draw conclusions; a whole new world is opened to them, and, whatever the immediate result, these crowds of heathen who have shared in the beneficence of the hospital, can never, as healed patients returning to their heathen homes, lose altogether the sense of what they have seen and heard.

But speaking of the lesser advantages, the physical advantage especially, in various directions gained by the multitude of patients, it goes far beyond the actual cure of disease. A host of hygienic teachings, associated more with eye-gate than ear-gate, teachings of cleanliness, of the value of light and fresh air, teachings concerning their bodily frames and how to keep them, are being slowly assimilated. Mothers

get pressed upon them some elementary principles concerning the care of the new-born and of the growing child. The meaning and purpose and skill of the trained nurse begins to dawn on them. The variety of medicines and of instruments used in the hospital, including chloroform and the X rays, are a wonder to them. When we recollect also that for the thousands healed by miracle, we have millions coming under the medical missionary's care, we surely realize without difficulty or hesitation that God's provision for the suffering heathen to-day is far more wonderful than in Apostolic times.

NOT ONLY TRANSITION BUT ADVANCE.

We have already pointed out the great forward step made by our Lord's disciples when they passed from the position of obedient, but more or less blind, servants in the pre-Pentecostal mission, to that of enlightened and spiritually energetic friends in the mission that began at Pentecost. It was an advance on the highest lines, to become both in the preaching and healing fellow-workers with God. So far as the preaching was concerned they were the bearers of a message into which they could enter fully, a message which was living and

life-giving to themselves, and the relation of which to the eternal well-being of their hearers made them earnest and insistent. And whilst, in one sense, their power over the healing gift was *less* than in the pre-Pentecostal mission, the healing gift itself was now linked up with the life of prayer, and ministered to their own spiritual life by necessitating such a walk with God as made it possible for them to reckon on the Holy Spirit's readiness to help them. It was an evolution worthy of the name, an evolution accomplished not in the long lapse of ages, but by the Almighty power of the Spirit on the day of Pentecost. But so far as the healing gift was concerned, it was not perfect. They were much more fellow-workers with God in the preaching than in the healing. The Gospel message was theirs, living in them, understood by them, for perpetual use in season and out of season. The healing gift was not yet theirs in the same sense. It could not be otherwise. The time had not come, as it was one day to come, under the quickening and guidance of the same Holy Spirit, when it should be possible for the missionaries of the Cross to be fellow-workers with God as truly in healing as in preaching.

The evolution accomplished at Pentecost had to go a step further. We recognize, or should

recognize, that in dispensing altogether with miracle, the Lord, by the gradual growth of human knowledge and skill, has brought His servants into a yet worthier relation as fellow-workers with Himself, seeing that now He entrusts us not only with the glorious message of Eternal Life, but with a conscious and intelligent power in all the realms of medicine and surgery, to glorify Him as the great Healer. Is not this another advance in the education and guidance of His Church? The miracle of healing was wonderful, but the unfettered power to take the healing art, as it exists to-day, and lay it at the feet of Jesus that it may be consecrated to the healing of the nations, is more wonderful still.

The position in this third period might be stated thus:—

That when by the power of the Holy Spirit, as the Spirit of Love, the Church of God had become an overflowing fountain of love to the world, the love and mercy of God shone forth, through the Church, in an ever growing knowledge and effort to lessen the bodily sufferings of men: further, that when the Church once more addressed herself to the evangelization of the world, God made ready to her hand and for her help the healing art in a singularly full degree, so that medical missions to-day

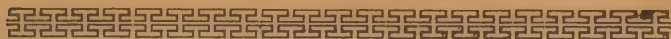
are accomplishing to a larger degree than ever before the purposes which our Lord had in view when, in the early days of the Church, the healing of the body was by miracle: and that this change of method has brought the medical missionary into a higher position of spiritual privilege by making him, in a much fuller and more conscious and intelligent sense than ever, a fellow-worker with God.

We appeal to our brethren who believe in faith-healing to reconsider their position. They accept joyfully as we do the liberty for the free and unceasing proclamation of the Gospel. They rejoice to be conscious and intelligent fellow-workers with God in so doing. Why should they refuse the liberty and power which the Lord now offers them for the free and unceasing and intelligent *attestation* of the Gospel by the healing of the sick? Is this to honour the Lord who through these many centuries has been preparing for this day of world-wide evangelization, and who now presses upon them those riches of healing which are the fruit of the Holy Spirit's presence among men, and which are so wonderfully fitted to assist in the spread of the Gospel? "Love worketh no ill to his neighbour," but what shall we say of a love which would draw a cordon round the

heathen world, and forbid the feet of those who would fain enter and proclaim glad tidings for body as well as soul through the riches of a Saviour's grace?

We live in the last times. It is no longer the time of a coming kingdom, nor the time when the kingdom of heaven had its great beginning in Pentecostal gifts. The King Himself is near at hand, and in token thereof He has not only thrown open the whole wide world to the witness of the Gospel, but He has also poured out treasures of wisdom and skill for the healing of the sick and for the more effectual testimony to Divine Love.





XVI.

THE MEDICAL MISSIONARY: WHAT MANNER OF MAN?

THE true friend of Christ will give vastly more head to the will of Christ than a mere servant would, will discover far more of Christ's will than the dull eye of a servant possibly could, and will abhor himself for neglects altogether too slight to affect the conscience of an undergraduate, a mere servant." So wrote one of the greatest of Indian missionaries, George Bowen; and for all missionaries, especially in these last days, they contain a weighty message.

Privilege carries with it responsibility. The greater the privilege the greater the responsibility. The Twelve and the Seventy, when they carried out their Master's behests as ser-

vants, still ignorant of the greater meanings of the kingdom of heaven, had a much less burden of responsibility than that which rested upon them after Pentecost, when, as the Lord's friends and possessing the full light of the Gospel, they went forth to evangelize the Roman world. And the responsibility resting on the Church and on the individual Christian to-day for the evangelization of the whole world, is, in the light of nearly 2,000 years' evidence of the power of the Gospel to meet the needs of the world, and of the faithfulness of the Divine Leader to His promise to be with His people, the most pressing responsibility of all.

So also with the gift of healing, which God ordained to be a right hand to the Church in her great work. The extreme power of miraculous healing bestowed on the Twelve and on the Seventy, did not weigh heavily upon them, for in this also they were servants, using their Master's Name, but by no means realizing their Master's glory. When Pentecost had revealed to them the Divine glory of Christ, the obtaining and the using of the miraculous gift of healing for the furtherance of the Gospel was responsibility which drew forth their prayers; and, if we read aright the Acts of the Apostles, these prayers were mighty just in proportion as those who prayed were fully

surrendered and walking closely with God. It is significant that the post-Pentecostal miracles are associated with the names of men who were foremost in the Lord's work, Peter and John, Stephen and Philip, Paul and Barnabas, men who are to-day the great exemplars of whole-hearted devotion to Christ. We do not imply for a moment that miracles of healing were limited to them, but that they represent to us the type of men in those Apostolic days whom God delighted to honour in this way.

But now to-day with conditions wholly changed, with God-given scientific knowledge instead of miraculous power, what shall we say of the responsibility resting on those who are called to medical mission service? We have endeavoured in a previous paper to show how singularly, in this the greatest of the missionary eras of the Church, the Lord has added gift upon gift to the medical missionary's knowledge and healing power, and that all such gifts enable him, if he rightly understands his position, to be a fellow-worker with God in a fuller sense than was ever possible before. He is able intelligently, and to a large extent accurately, to deal both in medicine and surgery with the diseases of the human body. He holds his knowledge as God-given and to be used for His glory. And possessed of such knowledge,

and having as his ultimate aim the glory of Christ as the Saviour of sinners, what manner of man should he be?

THE MEDICAL MISSIONARY STUDENT.

First, however, a word about the medical missionary student. Just because the healing gift is to take the place of the Apostolic miracle, the medical missionary student has to see to it, in the days of study and also later on, that he makes himself, both in the extent and accuracy of his knowledge, as proficient as possible. The man who takes the place of the miracle worker, and who aims to honour his Lord in the exercise of the gifts of healing acquired during his years of medical study, should abhor the idea of being a bungler. In virtue of his great purpose, every medical missionary student should set before him a very high ideal. His acquisitions of knowledge and of practical skill are placed by His Master very largely in his own hand. The love of Christ, and the hope of being eventually able to advance his Saviour's Name, should constrain him to use his time and opportunities to the highest advantage. And with the many facilities in these days, both for theoretical and practical study, there is no reason why an earnest student should not, from the professional side, become a thoroughly

capable master of his art. And, of course, it ought to be understood that the medical missionary student must find time for the diligent study, not of theology, but of the Word of God. His own spiritual life depends on this, and without it he cannot expect to be able in the future to put before his patients the Gospel of the Grace of God.

Our main concern, however, in this paper, is with.

THE MEDICAL MISSIONARY ON THE FIELD.

And in all that is said here of a medical missionary's work, it is on the presumption that his sphere of labour and testimony lies wholly among his patients.

It is also taken for granted that the medical missionary realizes that his healing gift is subsidiary to the higher purpose of advancing the kingdom of God, and of persuading men to accept of Christ as the giver of eternal life.

He knows by personal experience the reality of the life in Christ, the joy and the power of such a life, and the willingness of the Saviour to impart Himself to every seeker. He knows also that while he is called, according to his opportunities, to set forth the amazing truth of salvation before his patients, and to insist on the freeness of salvation and the readiness of

God to bestow it on every one who will receive it, he is himself absolutely dependent on the presence and power of the Holy Spirit to enable men to believe and appropriate the glad tidings. And he knows further that the putting forth of His power by the Spirit stands in a peculiar relation to his own faith and the closeness of his walk with God.

It is quite possible for a medical missionary to be a gifted healer and yet by no means a good missionary of the Cross. He may be very successful alike in his surgical operations, and yet fail to commend Christ to his patients.

On the other hand every true-hearted medical missionary will be in earnest to avoid such failure; and the writer, himself a medical missionary and very conscious of personal shortcoming, ventures to mention three things which seem to him of real importance to success. The first concerns the adequate presentation of the Gospel to patients; the second the visible walk of the missionary himself among his patients; and the third, that inner and invisible life of communion with God which is the secret of truest success.

I.—THE ADEQUATE PRESENTATION OF CHRIST TO PATIENTS.

It may seem to some almost unnecessary

to raise this point. If a man has devoted his life, as a medical missionary, to the advancement of the Kingdom of Christ, it is natural to suppose that he will not fail to present Christ clearly to his patients. "How shall they hear without a preacher"? True, and yet we have to realize that it cannot be accomplished without much toil and pains. It involves of necessity such a knowledge of the colloquial speech of his patients as shall enable the doctor to speak to them without difficulty concerning the Saviour. Neither the speech of an interpreter, nor the speech of a native assistant, will ever take the place, for real influence, of the doctor's own voice when he can make himself understood. It may cost him many hard months of what often to himself may seem disappointing labour, but the prize is so great that nothing should be suffered to hinder the accomplishment of his desire. And if the writer may add a word from his own experience, he would say that in such work, while the eye is good, the ear is better. In the acquisition of colloquial language, the child points the way. He knows nothing of books, but by the ear he becomes a perfect speaker.

And when the power of speech has been acquired, the presentation of Christ by a medical missionary should embrace, at least, these two things:

(1) Christ, the real giver of all the healing blessings which a mission hospital affords to-day. If we cannot point to our Master as the real healer, who has given us the knowledge we possess, and who assists us in the practical use of that knowledge in prescribing and in operating, we miss an advantage in presenting Christ as the willing giver of Eternal Life to all who will receive Him. There can hardly be a single occasion in the varied life of a medical missionary in which it should be difficult for him to link on to the Word from which he speaks, some illustration of the present loving and active sympathy of Christ with suffering men. It is a great thing to be able to pass from what is visible and real in the experiences of heathen patients, to the far more important teaching concerning the invisible and spiritual side of their lives. It is that side which we especially wish to reach.

(2) Christ in the Word, the Word of God's gracious Revelation. It is the same Christ. He shows us the deadly wound of sin. He reveals Himself as the Great Physician, the forgiver of sin and the renewer of the sinner's will. It would be a poor outcome of a medical missionary's life and work, if it were limited to the bodies of his patients. There is no reason why it should be so. But in order to success, an

initial necessity is the power and determination to present the Gospel in the simplest possible form. And to that end the daily life of the doctor continually lends itself.

II.—THE PERSONAL LIFE OF THE MEDICAL MISSIONARY.

When the Apostle says to us: "I beseech you therefore, brethren, by the mercies of God, that ye present your bodies a living sacrifice, holy, acceptable to God which is your reasonable service" (Rom xii. 1), he touches a point of rare importance in mission life. A missionary in a heathen city is there as a representative of Christ. To the great majority of those among whom he lives, he is the one marked man from whom they are to gather a little of what Christ was and is and desires to be to them. He is intended by his Master to be a living Gospel, the embodiment of a risen Saviour. All the wealth of the Holy Spirit's power and grace is offered to him in order to this end. And as he moves about, not only doing but *being*, he exercises, unwittingly like Moses in the radiance of his countenance, a continual influence for his Master.

But the medical missionary has his treasure in an earthen vessel. He has his own peculiar trials, and it is in the bearing of these

that much of his power lies. His temper is tried, often sorely tried, in his contact not only with stupidity but with duplicity and much other evil. It takes not only all the natural kindness of his heart, but all the watchfulness of the spiritual man to keep an even temper. Such a temper, however, is of great importance, if his message from day to day is to tell. His diligence and readiness, his patience and longsuffering, his meekness and gentleness, his confidence and joy in the reality of salvation, all are needed, and all will tell in the interest of his message. It is his reasonable service and is very acceptable to God and man. A failure here, on the other hand, is very acceptable to the great adversary, who will do his utmost to mar the living testimony of the missionary. We want our patients to carry with them to their homes the memory of an unfailing testimony for Christ that He is able to keep His servants in every way of righteousness and love.

III.—THE INNER GODWARD LIFE OF THE MEDICAL MISSIONARY.

Our Lord in the upper room spoke to His disciples of an innermost circle of fellowship with Himself: "If a man love Me, he will keep My words and My Father will love him, and we will come unto him and take up our abode

with him." (John xiv. 23). The taking up of an abode with anyone, means a continuousness of fellowship. It is in contrast with an occasional or even with a daily visit. The Lord's words plainly imply an abiding sense of His presence and of His love. *Our* eyes are toward His words, and to the obedience which speaks of a blessed confidence that every one of these words is essential to our fullest life. *His* eyes are toward these hearts of ours, to enrich and gladden and perfectly satisfy them with Himself. Enoch walked with God, and we also are invited to realize such a walk with our Lord as shall enable us to enter in ever-increasing measure into the knowing and doing of His will. Such a walk may not be recognized by the world, but it is the highest step toward a true success in the forwarding of the Lord's work. It means a life of prayer, and of prayer as the key to blessing. The coming of the Holy Spirit is more closely bound up with prayer than with any other function of the Christian life. On the mission field there may be little or no room for united seasons of prayer, but all the more will the burden lie upon souls, individual souls, to plead with God for the furtherance of His own cause. The medical missionary is called to this exercise of prayer quite as much as any other mission labourer,

and perhaps more, for his position is often an isolated one; and he is all the more cast upon God for His guidance and help.

We are not sure, however, that this feature, this loftiest and most blessed feature of the Christian life, is as much coveted among us as it should be. But it is the secret of power with God. A man may be the best of organizers and may be able to put the Gospel very clearly before his patients, and in his outward walk be blameless. and yet fail to have power with God.

One cannot read the life of David Brainerd or of Wm. Burns, or of any other of God's "mighties," and not recognize that behind the spiritual power of their lives and labours, lay the closeness of their communion with God. We live in times when such communion is especially needed, and to the medical missionary as to all other servants of Christ, the great word for to-day is, "If ye abide in Me, and My words abide in you, ye shall ask what ye will, and it shall be done unto you." (John xv. 7).





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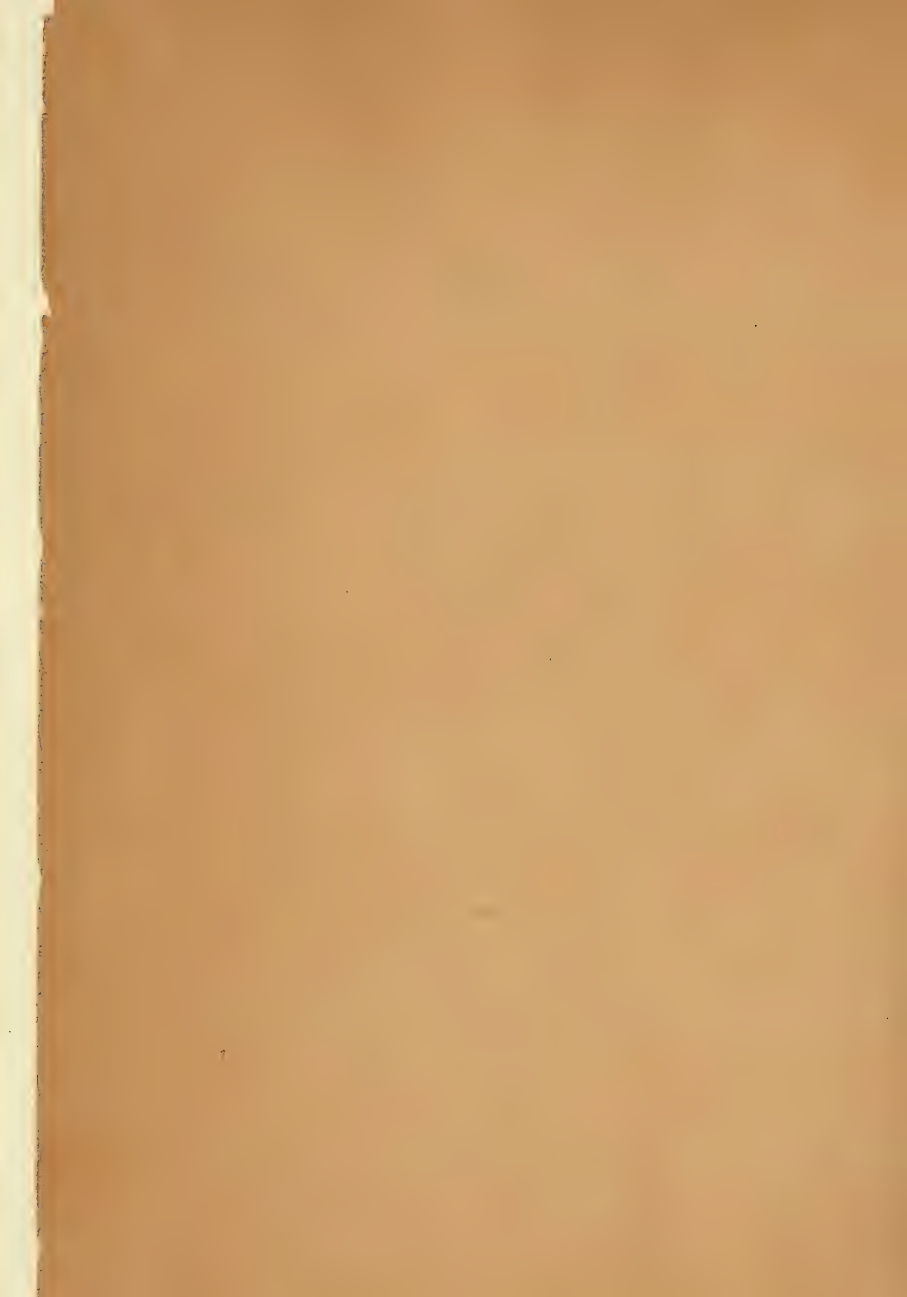
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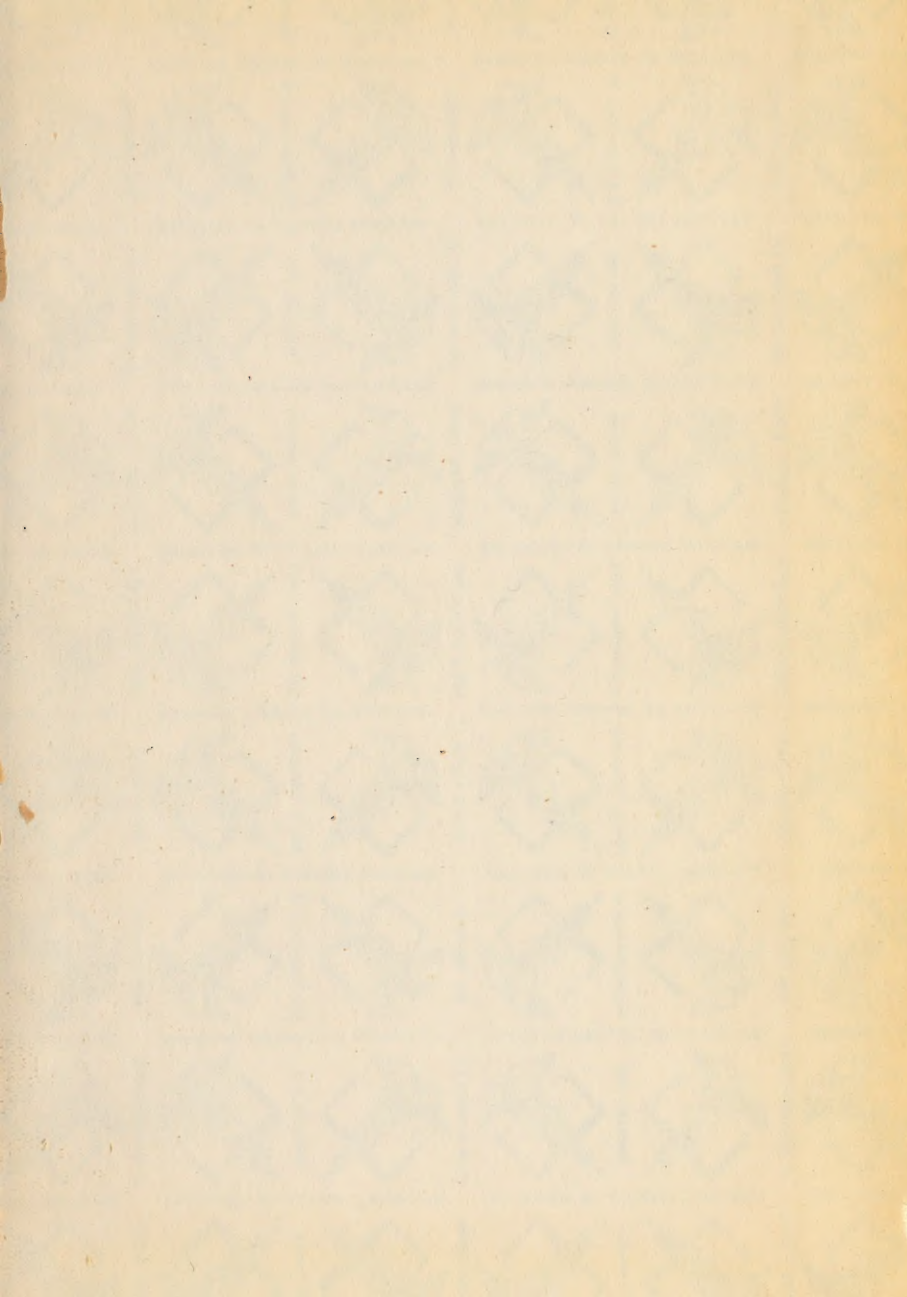
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